

The Agency of Human Services

Opportunities and Pressures

Accomplishments

Caseload Data



January 15, 2004



Charles Smith
Secretary
January 2004

State of Vermont
Agency of Human Services

Dear Legislator:

Welcome to the Agency of Human Services (AHS) Blue Book for 2004. Each year the Agency prepares this progress report as a convenient reference tool for the legislators and citizens of Vermont.

With programs that span the generations – from Healthy Babies to Alzheimer’s Respite, from the Department of Corrections to the JOBS program – AHS and its 3000 employees affect almost every Vermont family in some way.

The 2004 Blue Book distills this work, bringing together the latest facts and figures, charts and narrative, in an effort to explain the impact we have on the people whose lives we touch. This document highlights our many successes and accomplishments, while warning of impending pressures.

The people of AHS have much to be proud of – the Agency’s innovative approaches to serving the most vulnerable members of our society have yielded impressive results and garnered much national recognition. Within these pages, you will learn how productive the Office of Child Support has been in improving the financial well-being of single parents and children. You will note the remarkable progress made by the Department of Aging & Disabilities and the Department of Developmental & Mental Health Services in providing opportunities for their clients to live independently in the community. You can track the efforts by the Department of Social & Rehabilitation Services to reduce the incidence of child abuse, and gauge the success of the Department of Prevention, Assistance, Transition & Health Access in helping families to reduce their dependence on welfare and return to the workforce.

Even so, the past year has been a difficult one and demonstrates the many challenges the Agency faces on a regular basis. I have pledged my full support to outside officials and to your fellow legislators in order to ensure the quality of services and safety at both the Vermont State Hospital and within our Correctional facilities. Already there have been significant improvements in both of these areas that will lead to safer and more effective systems.

Since the end of the 2003 legislative session I have spent a great deal of time working on the Agency’s reorganization project, which was initiated by the legislature. The bill authorizing the reorganization provided guidance both as to substance and process and has been an important roadmap for this massive and complex project. Throughout the second part of the year the Agency has been going through its inquiry phase of the project. Through close to a dozen different ways for people to give input on the project, I have received invaluable feedback from literally thousands of Vermonters. In the coming weeks and months I will continue to analyze the information we have collected from Vermonters and will develop proposals to address the most pressing issues that have been identified.

I am truly proud of the wonderful work of the Agency of Human Services and the reorganization is a time for the Agency to build off what is already successful and improve upon certain areas in order to better serve Vermonters. I look forward to continue working with you during the coming year.

Sincerely,

Charles Smith, Secretary

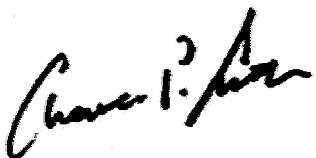
A handwritten signature in black ink, appearing to read "Charles Smith", is written over a faint, larger version of the same signature.



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Office of the Secretary

Number of Positions: 61

Funding: \$13,117,701

The mission of the Agency is to improve the conditions of well-being of Vermonters today and tomorrow and protect those who cannot protect themselves.

Year	FY '01	FY '02	FY '03	FY'04	FY '05
General Fund	3,111,108	4,081,305	4,465,745	5,422,548	4,129,706
Federal/Other	8,628,816	7,400,564	8,942,327	9,939,658	8,987,995
Total	11,739,924	11,481,869	13,408,072	15,362,206	13,117,701



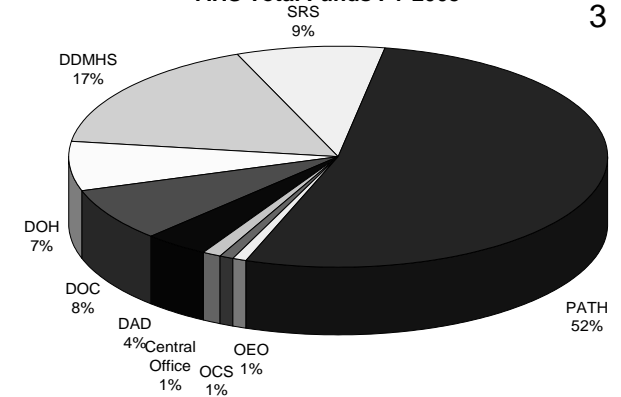
Agency of Human Services

January 2004

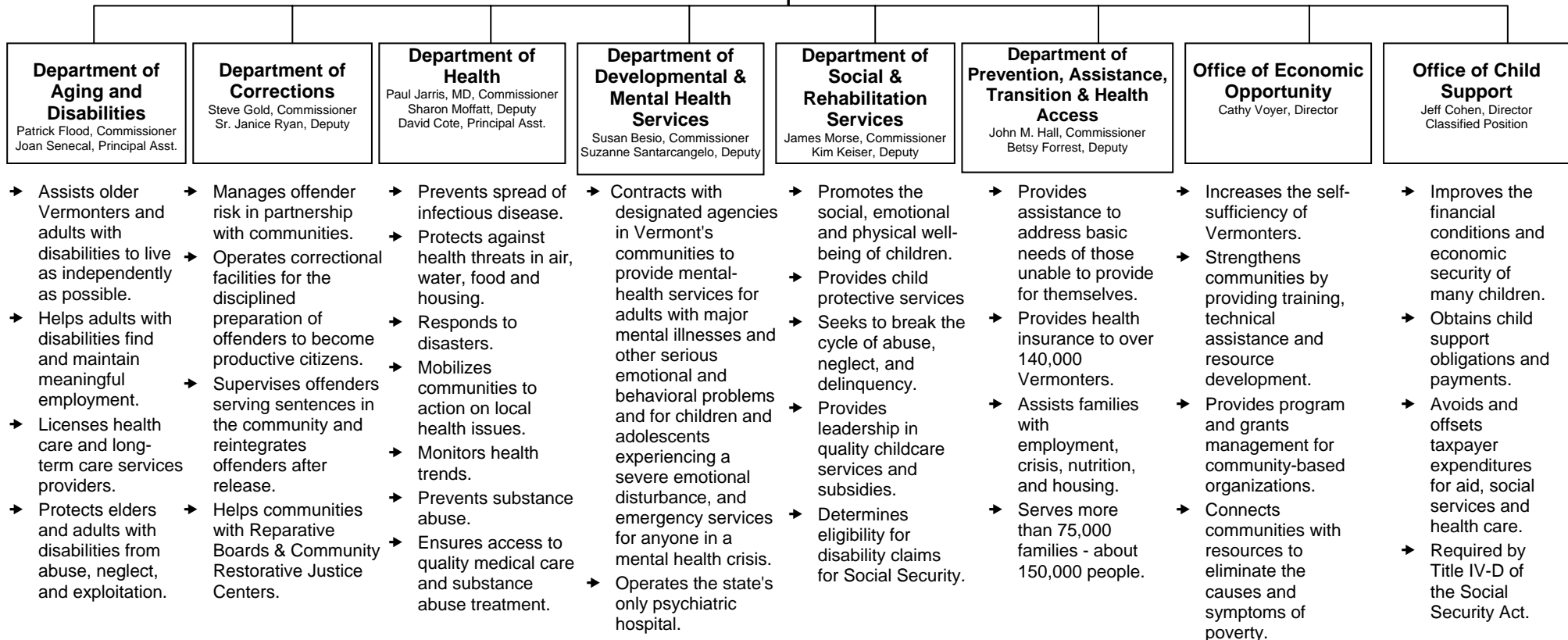
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Secretary of Human Services
Charles Smith, Secretary
Eileen Elliott, Deputy
Michele DellaSanta, Administrative Asst.

AHS Total Funds FY 2005



3



	DAD	DOC	DOH	DDMHS	SRS	PATH	OEO	OCS	Central Office	TOTALS
Posit.	222	1147	548	283	403	435	6	124	61	3229
State	16,233,802	94,906,767	19,800,091	72,519,770	45,515,649	112,160,155	848,147	1,370,517	4,129,706	367,484,604
Other	33,609,308	8,662,390	73,517,802	144,507,394	70,806,169	576,189,313	10,611,099	9,069,575	8,987,995	367,484,604
Total	49,843,110	103,569,157	93,317,893	217,027,164	116,321,818	688,349,468	11,459,246	10,440,092	13,117,701	1,303,445,649





Department of Aging and Disabilities

Number of Positions: 222

Funding: \$49,843,110

"We are working to ensure that Vermont elders and adults with disabilities live with dignity and independence wherever they reside."

- Patrick Flood, Commissioner

The Department assists older Vermonters and adults with disabilities to live as independently as possible. It helps adults with disabilities to find and maintain meaningful employment and it ensures quality of care and life for individuals receiving health care and/or long-term care services from licensed or certified health care providers. The Department also protects elders and adults with disabilities from abuse, neglect, and exploitation.

Year	FY '01	FY '02	FY '03	FY '04	FY '05
General Fund	12,332,043	14,336,333	15,207,921	15,434,207	16,233,802
Federal/Other	19,937,126	22,344,420	29,161,933	30,943,622	33,609,308
Total	32,269,169	36,680,753	44,369,854	46,377,829	49,843,110

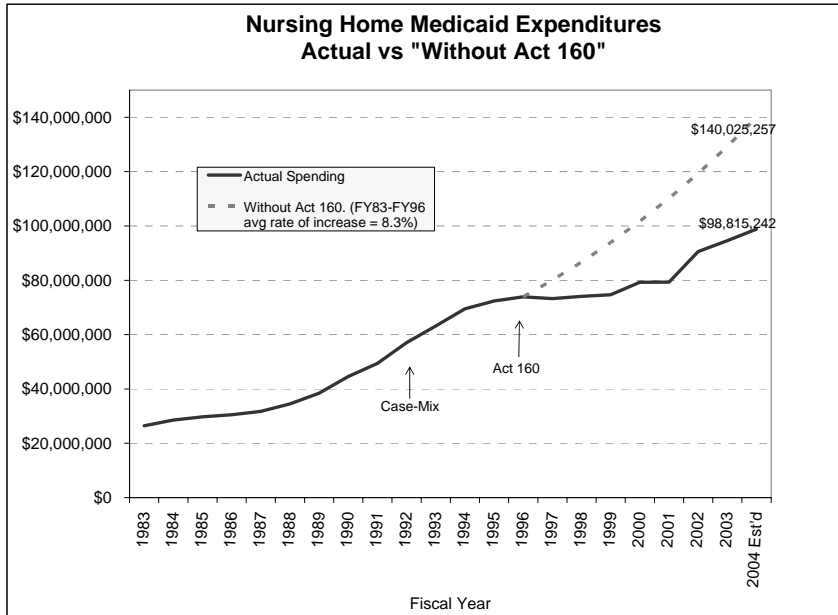


Opportunities and Pressure Points Department of Aging and Disabilities

OPPORTUNITIES AND PRESSURES

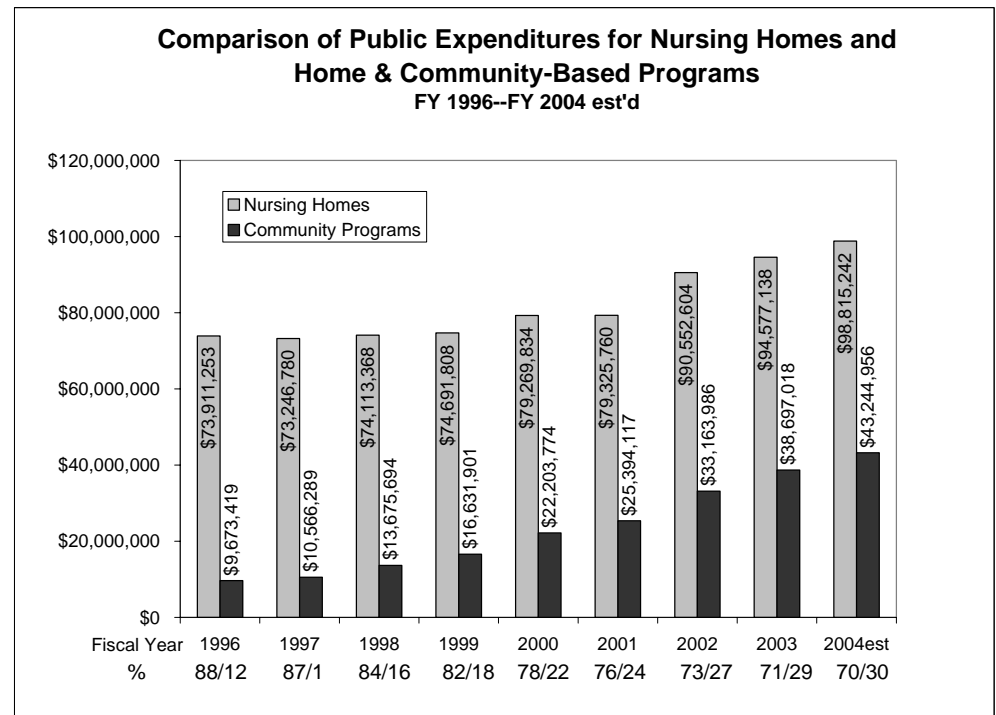
- Further progress to provide alternatives to nursing home placements (under Act 160, of the 1996 Legislative session) is likely to slow. Those remaining in nursing homes will have higher needs and be increasingly more difficult to serve at home or in other settings. To address this we need to:
 - ➔ Continue to develop new housing models and expand programs to make individual homes accessible.
 - ➔ Do everything we can to attract more people to work as caregivers. Improvements in working conditions are as crucial as adequate wages and benefits.
 - ➔ Expand adult day services.
 - ➔ Develop a system of care for younger adults with disabilities.
 - ➔ Develop and implement a Medicaid Waiver system under Sec. 1115 to restructure our long term care system, eliminate institutional bias and give consumers equal access to either a nursing home or home and community-based care alternatives.
 - ➔ Expand our public information and outreach to ensure that consumers and their families know all the care options available to them.
- The Department expects fewer nursing beds will be needed in the future, even though the rate of decreased utilization has slowed. Managing the demand as homes close will be a challenge. At the same time, we might need to increase funding to some nursing homes to ensure an appropriate level of service available in some parts of the state.
- Transportation needs continue to increase for elders and adults with disabilities.
- The Department will be challenged to assist more disabled persons to find work in a declining or flat economy. Vocational Rehabilitation caseloads have risen over 40% in the past years. Without additional capacity to serve this growth, consumers may be put on waiting lists for the first time in the program's history.
- Services for persons with dementia and their families may have to be severely curtailed if the federal program is reduced or not funded in FY05.
- A federal grant providing long standing services related to assistive technology is slated to end in June of 2004. These services provide assessments and technical assistance for people who need assistive devices due to disability. Without funding, we may be able to continue only a portion of these services and are exploring the possibility of charging fees.
- The rate of disability among older persons is decreasing. That's the good news. The challenge will be to meet the needs of younger persons with disabilities where both the rate of disability and life span are increasing. We need to support prevention programs for both populations.

Accomplishments *Department of Aging and Disabilities*



Nearly \$40 million in nursing home costs have been avoided since 1996. Those dollars have been used to bolster home and community-based services. Act 160 has been a significant success.

The Department continues its commitment to quality care in nursing homes. Nursing home expenditures continue to grow even though the number of persons in nursing homes declines and more funds are used for home-based services.

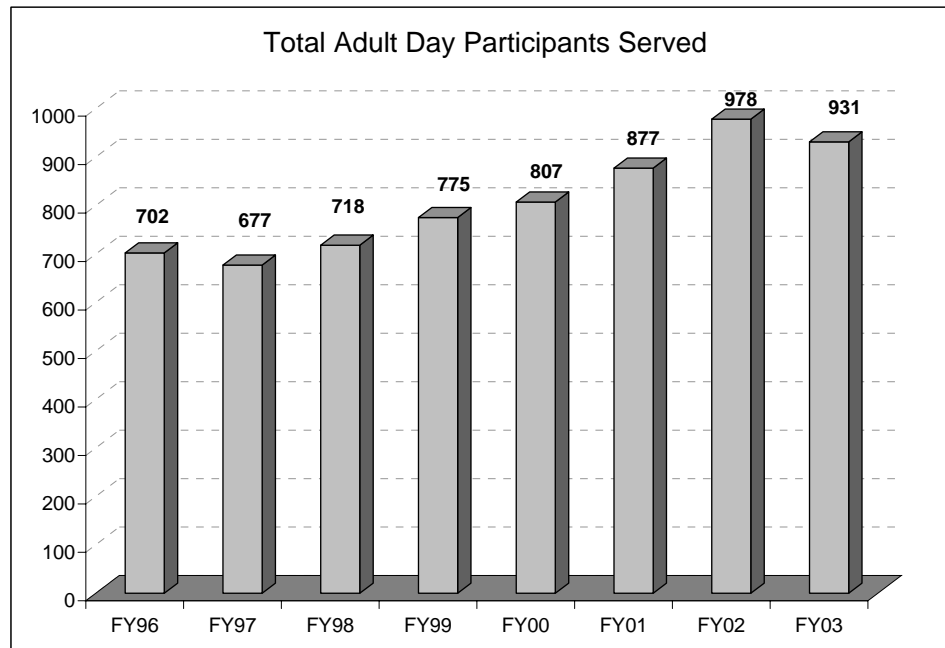


Accomplishments Department of Aging and Disabilities

Over the past few years, the number of persons utilizing nursing homes had steadily declined in proportion to the number of person added to the Home Based Waiver; however, in FY03 the Department saw a slight increase in the number of persons using nursing homes. We believe this is because growth in Waiver Slots slowed due to budget constraints.

New housing services are crucial as alternatives to nursing homes.

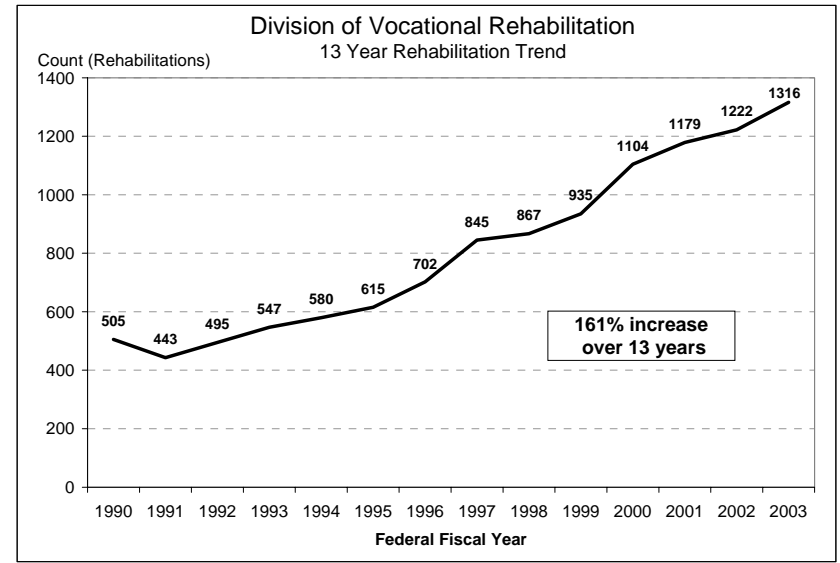
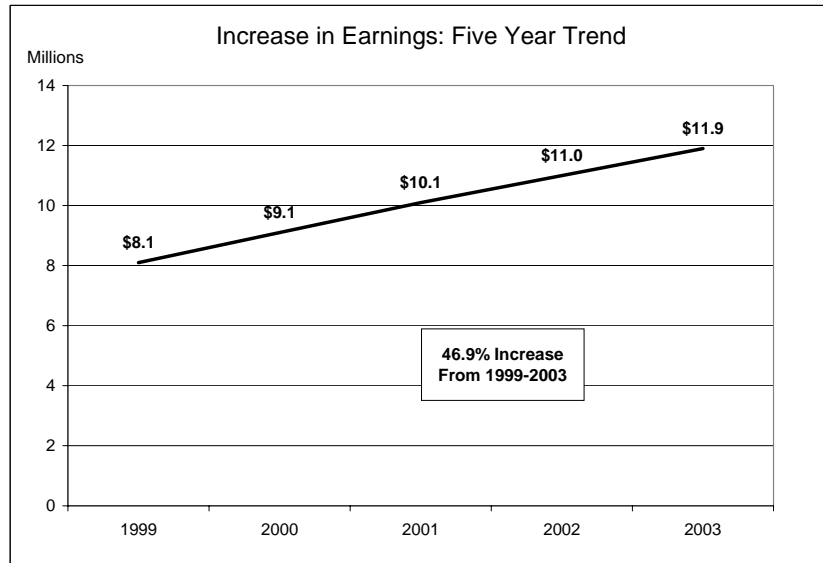
- \$800,000 in nursing home savings has been invested in cost-effective service coordination and gap-filling services in congregate senior housing.
- Utilization rates for residential care homes have nearly doubled. There are currently 160 persons receiving needed services in residential care homes who otherwise are eligible to go to a nursing home.
- New models are being developed, including a 9-apartment independent living setting in South Burlington for very disabled individuals who share caregivers.
- Vermont's first licensed assisted living residence opened in Burlington, thanks to the Three Cathedral Square Corporation. Other assisted living residences are in the process of development.



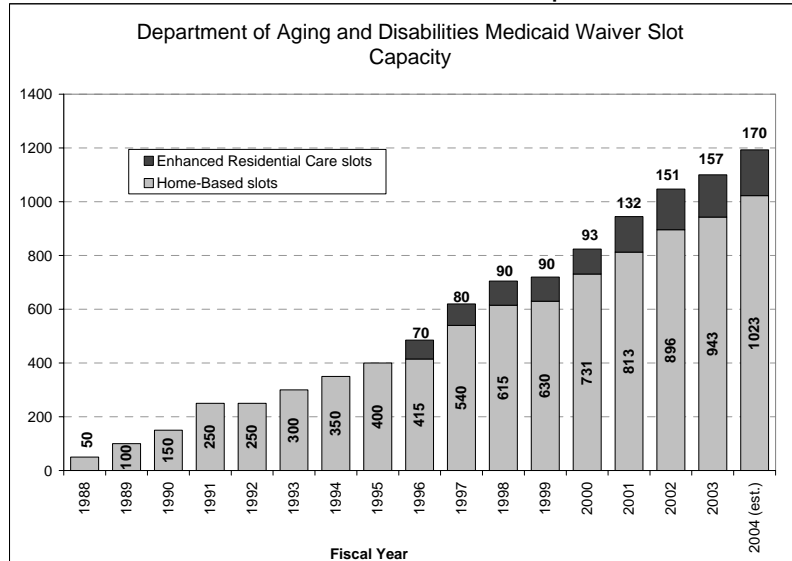
Adult day services have served an increasing number of people who have a higher level of need than in the past. These services play an increasingly important role in helping more people remain at home.

Caseload and Cost Data Department of Aging and Disabilities

Vermont Vocational Rehabilitation

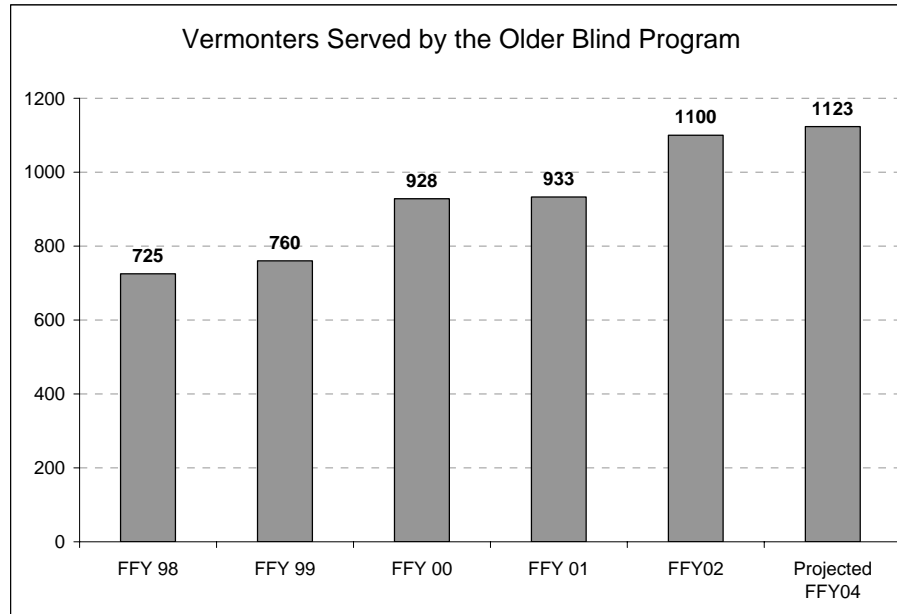


Vocational Rehabilitation has achieved over a 100% increase since 1995 in the number of disabled persons who find employment. In addition to increases in the number of persons successfully placed by Vocational Rehabilitation, their earnings have also risen.



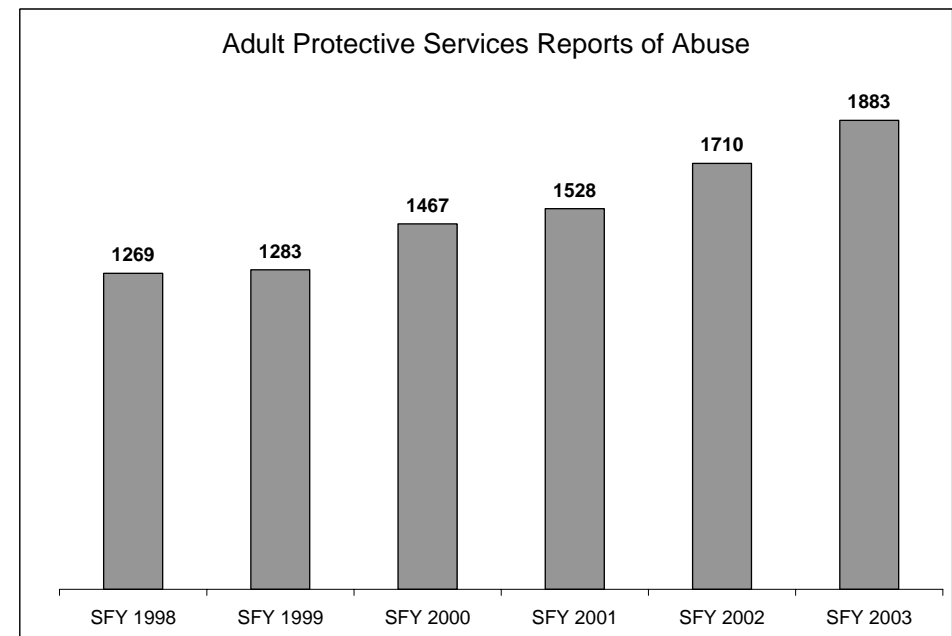
Before the passage of Act 160 during the 1996 legislative session, the number of “slots” in the Home and Community Based Waiver Program was only 400. This number has grown to nearly 1200 today.

Caseload and Cost Data *Department of Aging and Disabilities*



The Older Blind Program will experience a higher demand for services as the population ages. New technology can help blind and visually impaired persons remain independent and participate in their communities. Providing sufficient funding will be an issue.

Adult Protective Services investigates allegations of abuse, neglect and exploitation. A steady increase in the number of reported cases indicates a need for intervention and prevention services, rather than need for more law enforcement.







Office of Child Support

Number of Positions: 124
Funding: \$10,440,092

"We have one goal: ensuring that all children get the support to which they are entitled."
 - Jeff Cohen, Director

The mission of the Office of Child Support is to improve the economic security of many children by obtaining child support obligations and payments, while avoiding and offsetting major expenditures by Vermont taxpayers for aid to needy families, social services and health care.

Year	FY '01	FY '02	FY '03	FY '04	FY '05
General Fund	915,536	939,618	1,086,425	1,114,864	1,370,517
Federal/Other	8,157,627	8,345,316	8,689,732	8,967,777	9,069,575
Total	9,073,163	9,284,934	9,776,157	10,082,641	10,440,092



Opportunities and Pressure Points *Office of Child Support*

Opportunities

Increasing efficiencies in child support collection systems through new document imaging system, and increasing direct deposits and electronic funds transfer for child support payments

The Office of Child Support has developed a document imaging system to improve efficiency and customer service. Having electronic access to documents has provided workers the ability to retrieve documents instantly at their computer stations in order to assist parents when they call with questions or want copies of documents. The office has seen increasing benefits in terms of improved customer service and efficiencies. Also, many more child support payments are now being processed through direct deposit or electronic funds transfer, creating greater ease of transaction for consumers and both savings and efficiencies for program operations.

Improving performance and workload efficiencies by developing a data driven, decision support system

The Office of Child Support is currently in the third year of a three-year federally funded research and demonstration project. The project has begun to develop a comprehensive child support performance management and information system, which will enable all workers to use data and reports to make sound decisions regarding case processing. It will also enable managers to allocate resources to enhance program performance and increase productivity. This project is anticipated to:

1. improve efficiency in caseload management
2. increase child support collections
3. improve services and program operations
4. serve as a model for other child support agencies and be a guide to other departments in Vermont

Enhancing the Office of Child Support's use of E-government to further improve the quality of customer service

In May of 2002, the Office of Child Support launched its new Internet website, www.ocs.state.vt.us. This interactive site provides instant input and retrieval of individual case data. Parents can use their Personal Identification Number (PIN) to access case information such as payments, disbursements, scheduled court hearing dates, and other account information. Parents can also report information such as a change of address or employer. Users can order applications or publications, request help by e-mail and view the parent handbook, among other features. Employers are able to input information critical to the collection of child support. Customer comment cards, available on the website, indicate that customers are very pleased with the interactive nature of the website and the ability to use the Internet to get case information. Updates of the system that have recently been completed will increase employer interactive functions on the Web, making many aspects of the wage withholding process available for employers to complete via the Internet.

Opportunities and Pressure Points *Office of Child Support*

Getting at the hardcore cases: requests for new enforcement tools through legislation

Despite excellent success in wage withholding as a means of collecting child support, the 'hard-to-enforce' cases require more sophisticated investigation and enforcement methods. Persons who are self-employed, who travel across state lines, or who work "under the table" become a challenge for the Office when they attempt to avoid child support. Loopholes are gradually being closed for these difficult cases by attaching assets and property. In the 2003 legislative session, bills were introduced in the House and Senate that sought to:

- update the criminal non-support statute--the current \$300 fine is inadequate and 20 years old
- attach insurance settlements to pay support debts by requiring insurers to match claims with cases before issuing settlement payment
- include independent contractors in the New-Hire Reporting program, thereby expanding the number of reported income earners
- add surcharges and cost-of-living increases to child support orders which would implement consistent late penalties, streamline the modification process, and reduce court filings for inflation

Pressures

Continually rising caseloads while our resources are fixed or declining will continue to put pressure on the Office of Child Support's ability to provide services.

Title IV-D of the Social Security Act requires states to have child support programs. In Vermont, the Office of Child Support is the sole organization responsible for the child support program, and child support is the only program within the Office. It is mandated under federal law and state statute to perform the complete array of existing services regardless of budgetary circumstances. All applicants for services must be accepted. Due to anticipated reductions in federal performance incentives, reduced resources are a distinct possibility.

Reduced general fund resources may have an adverse impact on Vermont's families and on public assistance recovery efforts.

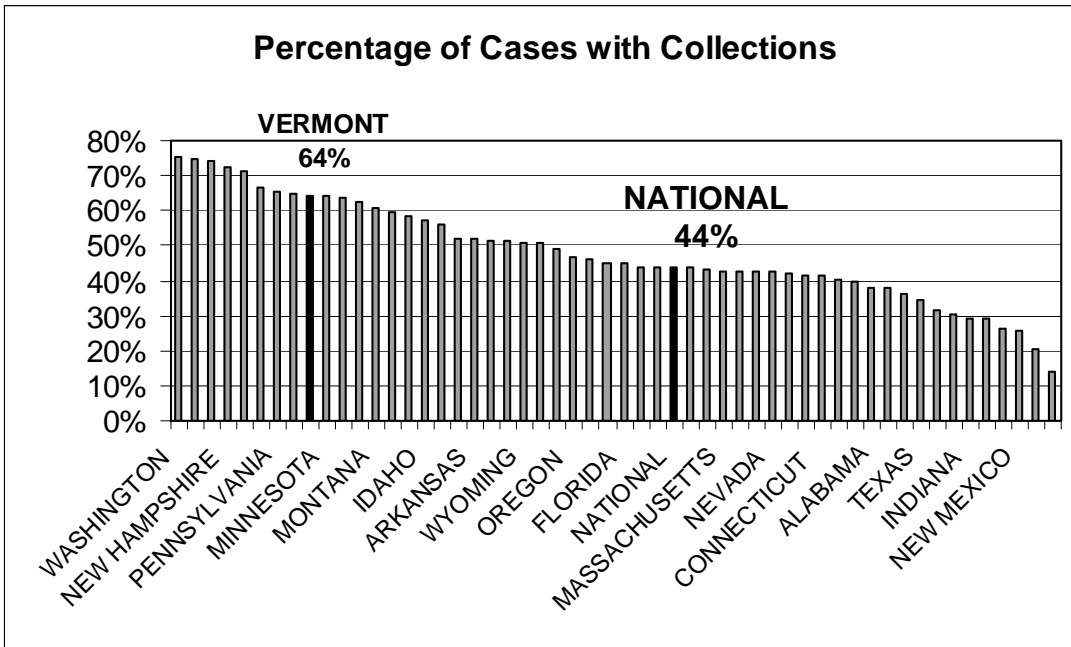
Any reduction in staff creates a concomitant reduction in collections. Reductions in child support collections affect fragile families who rely on child support to sustain them. Without child support they are more likely to need public assistance.

Maintaining collection activities is important in order to meet and exceed benchmarks that form the basis for federal incentive funds.

The Office of Child Support receives state and federal funds. Federal incentive funds are based on the state's performance. Vermont earns incentive funds of approximately \$1.2 million annually for meeting or exceeding federal performance indicator benchmarks. The long-term effect of budget reductions could adversely affect program performance and reduce the level of these incentive funds.

Accomplishments *Office of Child Support*

The Office is a top national performer



The Office manages the child support program under Title IV-D of the Social Security Act by enforcing ordered child support obligations, establishing child support, medical support, parentage orders and locating missing non-custodial parents. For the last six years the Office of Child Support has ranked as one of the top ten programs in the nation for cases with collections, far outperforming the national average. In FFY 2001, Vermont collected child support on 64% of its cases, compared to the national average of 44%.

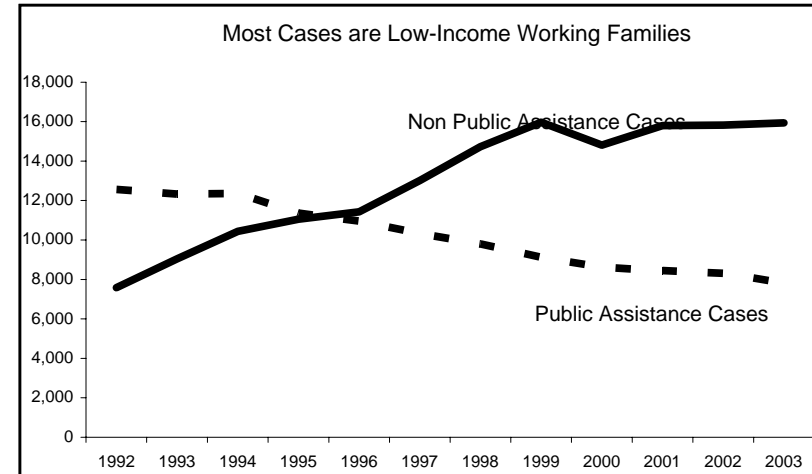
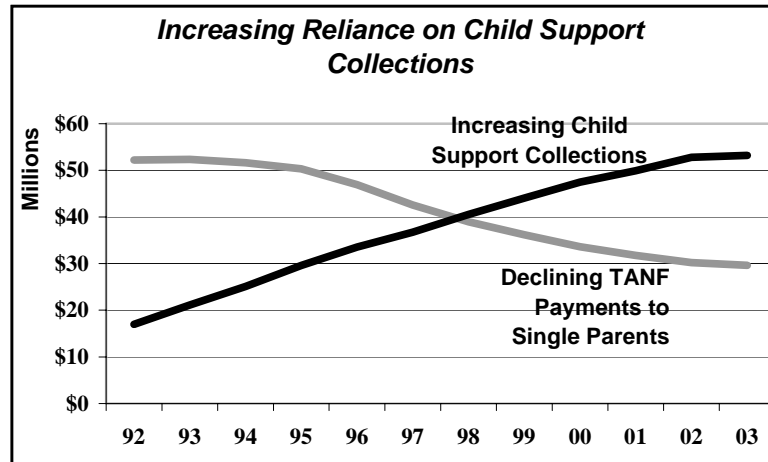
Child support is a complicated process with many actions required to move cases along. These actions include filing court actions, appearing in court, recording the terms of court orders and processing employer wage withholding notices payments. Other steps include finding employer addresses in order to initiate wage withholding, sending out notices, contacting customers by telephone and/or letter, and documenting actions.

Annually the Office of Child Support:

- Handles over 26,000 cases.
- Collects on 64% of its cases.
- Collects many millions in support payments. (\$53,221,762 in SFY 2003.)
- Responds to over 352,000 calls through its automated telephone service, with over 72,000 answered by our customer service representatives.
- Schedules over 7,900 court appearances by legal staff.
- Enters approximately 8,500 new court orders on the computer system.
- Averages 850 cases per child support specialist.
- Processes over 497,000 payment transactions by the cash receipts unit.

Accomplishments *Office of Child Support*

Increasing Importance of Child Support to Families



Welfare reform in Vermont has generated an increased reliance on child support payments as a method for sustaining low-income families. Many Reach Up recipients receive both child support and public assistance checks. Caseload trends have moved increasingly from public assistance cases to non-public assistance cases. Vermont now collects and disburses more child support than public assistance payments each year to single parent households. With the advent of time limits for cash assistance (TANF) and the increasing fragility of the safety net, child support payments are a crucial way for parents to sustain their families.

In state fiscal year 2003, 15,937 (67%) Office of Child Support cases were non-public assistance cases and 7,814 were public assistance cases. However, 80% of the non-public assistance cases are former public assistance recipients. During hard economic times collections are critical. Child support payments often make the difference between families remaining independent and self-supporting or needing to apply for state financial assistance. Child support collections revenues avoided costs for states in their challenge to reduce enrollments in public assistance programs.

Office of Child Support Program Awards:

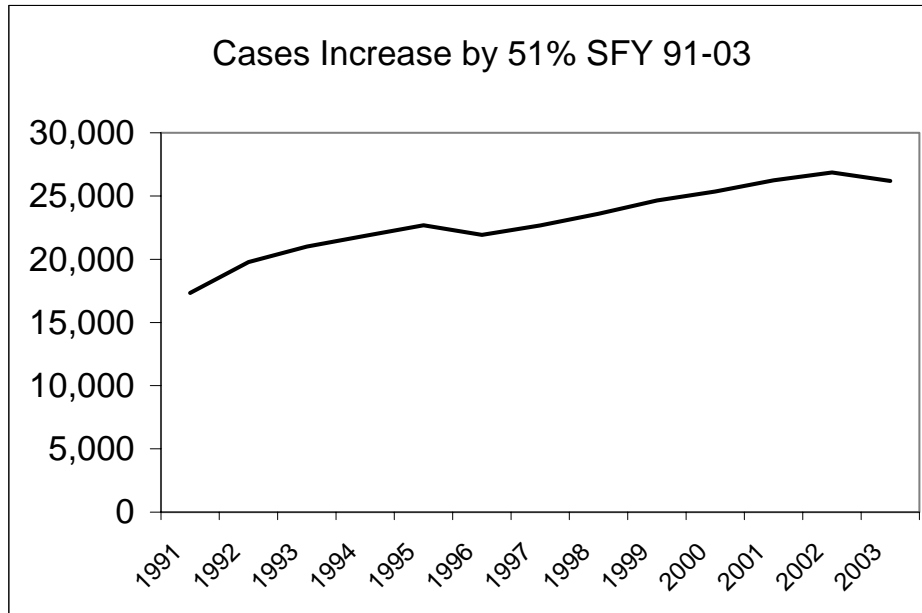
U.S. Senate Productivity Award – On-going Commitment to Quality: For several years the Office of Child Support has worked with the Vermont Council for Quality to improve quality and services by adopting a strategic plan and adhering to the Malcolm Baldrige Performance Excellence Criteria. In May of 2001, the Office of Child Support was honored with the U.S. Senate Productivity Award, an award presented by the Vermont Council for Quality, for achieving the largest demonstrated productivity gain over the previous year. It was the first time this award was given to a governmental agency.

Source: Office of Child Support and Department of PATH, SFY 2003 Budget, SFY Collections

Outstanding Program Achievement Award: In August of 2001, the Office of Child Support was honored as a finalist for the Outstanding Program Achievement Award given by the National Child Support Enforcement Association to a state or county program for consistently providing effective services to its constituency and community.

Caseload and Cost Data *Office of Child Support*

Historical caseload and cost data

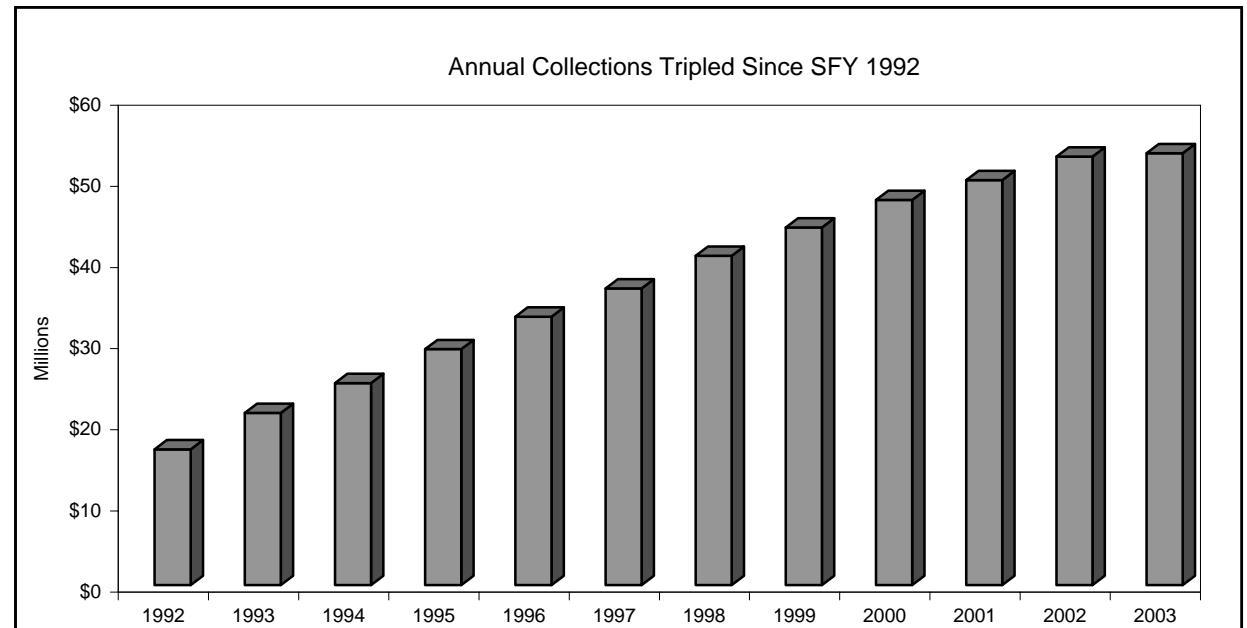


Growth in Cases

Vermont's out of wedlock birth rate has increased greatly, from 13.9% in 1981 to 31% in 2001. There were also 2,637 divorces in Vermont in 2001, with 1,362 involving children under 18 years of age. The number of cases served by the Office continues to grow at a rapid pace, rising 51% since 1991. The Office currently has over 26,000 cases.

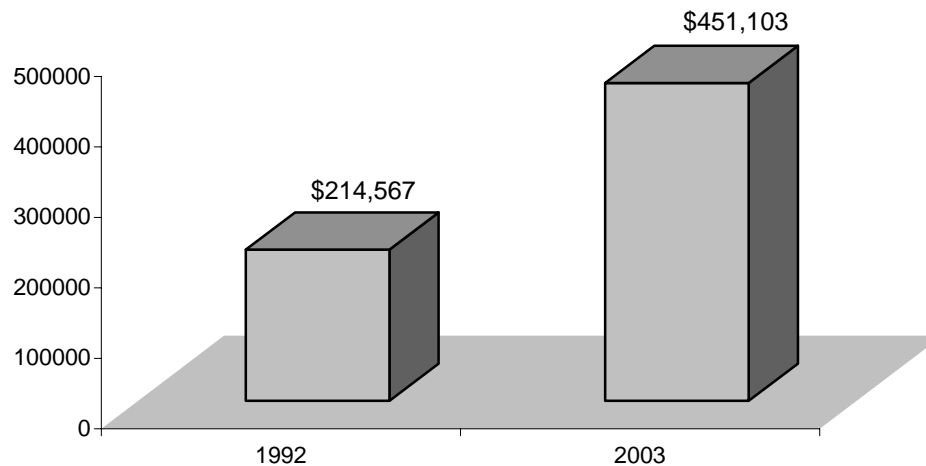
Growth in Collections

Since its creation as a separate entity in 1990, the Office of Child Support has achieved continual and phenomenal growth in collections. Annual collections have more than tripled since 1992 to \$53,221,762 in state fiscal year 2003. Total collections in the last twelve years are \$449,615,432.



Caseload and Cost Data *Office of Child Support*

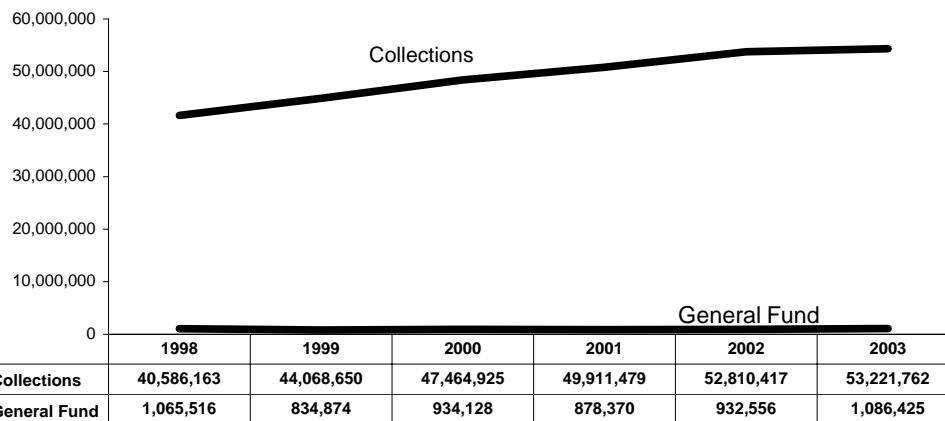
Collections Per Employee Doubled Since SFY 1992



Growth in Collections Per Employee

In 1992, the amount collected per employee was \$214,567. In 2003, that had risen to \$451,103. Much of this growth can be attributed to prudent application of new legislation and automation. Mandatory wage withholding laws were enacted in the early 1990's and automated systems were developed, which initiate and monitor case processing actions.

OCS Collections Up 31% - General Fund Allocation Up 2%



In state fiscal year 2003 the Office of Child Support program had \$1 million appropriated from the general fund. This million-dollar investment generated \$53 million in child support collections that supported families or recovered welfare expenditures.

In 1998, Child Support's general fund appropriation was \$1,065,516. Six years later it was \$1,086,425. Although the state allocation increased by only 2 %, collections were up 31%. In that six year period from 1998 through 2003, the state's \$6 million in appropriations has reaped over a quarter of a billion dollars in child support collected for Vermonters.



"The Department of Corrections is in the workforce development business. Helping offenders to become productive citizens is our greatest challenge, and our greatest responsibility. We cannot do it alone. We need help from communities, businesses, schools, neighbors, families, and friends."

Steve Gold, Commissioner

Department of Corrections

Number of Positions: 1,147
Funding: \$103,569,157

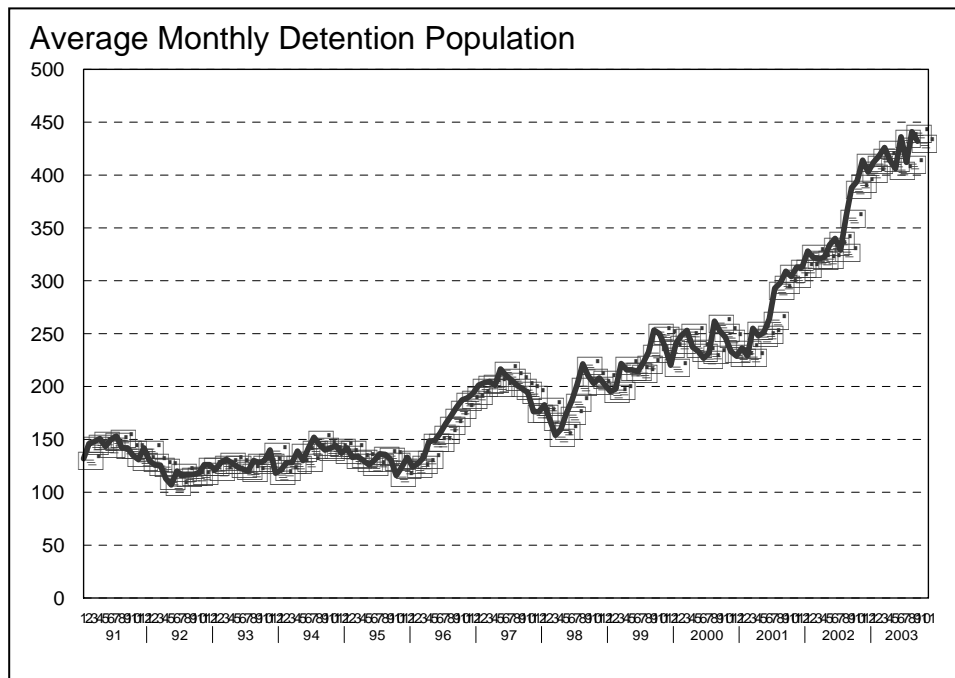
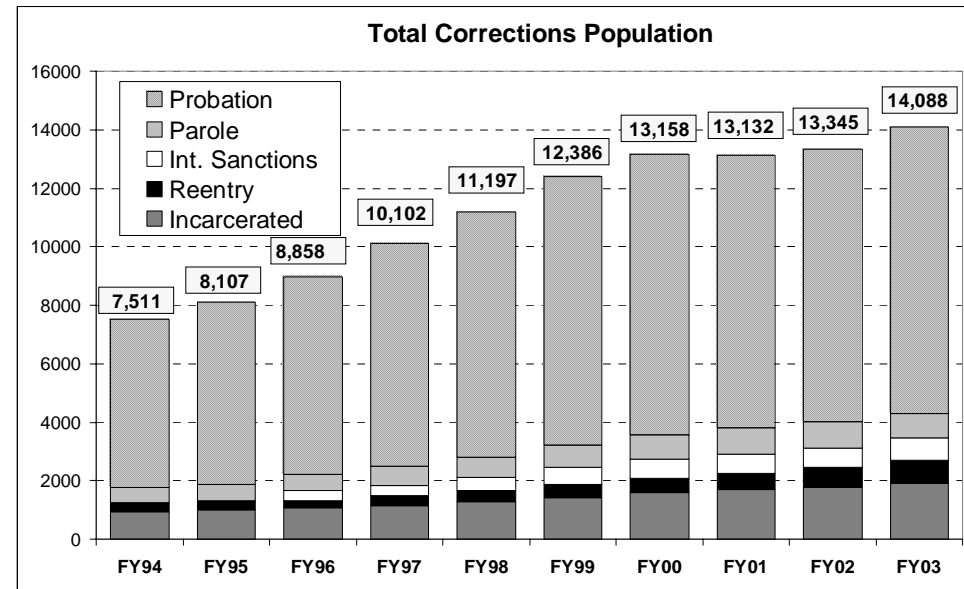
In partnership with the community, the Department of Corrections supports safe communities by providing leadership in crime prevention, repairing the harm done, addressing the needs of crime victims, ensuring accountability for criminal acts and managing the risk posed by offenders. This is accomplished through commitment to quality services and continuous improvement while respecting diversity, legal rights, human dignity, and productivity. The Department manages offender risk in partnership with communities, operates correctional facilities for the disciplined preparation of offenders to become productive citizens, and supervises offenders serving sentences in the community and reintegrates offenders after release. The Department helps communities with Reparative Boards and Community Restorative Justice Centers to address victims' needs and provides opportunities for offenders to make amends for the harm done to the community.

Year	FY '01	FY '02	FY '03	FY '04	FY '05
General Fund	69,984,963	75,264,697	75,416,105	36,108,644	94,906,767
Federal/Other	7,202,381	10,227,346	8,978,261	58,584,387	8,662,390
Total	77,187,344	85,492,043	84,394,366	\$94,693,301	103,569,157



Opportunities and Pressure Points *Department of Corrections*

The criminal justice system is increasingly being used to respond to social issues rather than solely public safety, and for issues of health rather than crime. This drives up costs. As communities are becoming more concerned about issues such as mental health and substance abuse, heroin in particular, they rely more heavily on a criminal justice response. The system, however, is incapable of providing the most effective response. The criminal justice response is often counter-productive and is more expensive, less responsive, less effective, more intrusive, more destructive, and done at the expense of better alternatives. Corrections' population shows this trend for persons under supervision and in prison.



Corrections' biggest cost center is prison space. There is an increasing demand for this space, most evident in the courts' practice of using prisons to detain persons pending disposition. The detention population is growing faster than any other segment. It doubled last year alone and stands currently at 424. Because we are required to house the detention population, our flexibility is minimized and the result is continued reliance on housing overflow in Virginia, at a cost of nearly \$19,000 per inmate. Crime rates have not risen and this policy is not fiscally sustainable.

Solutions must include partnerships with Vermont communities and building infrastructures for informal social control within communities by adding resources, authority and legitimacy.

The good news: Performance Data

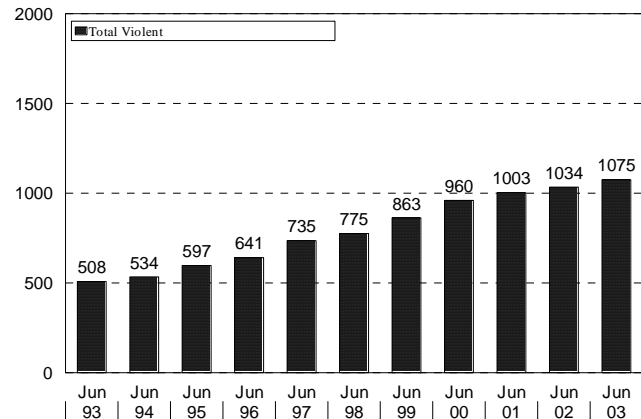
What Vermonters want from Corrections, according to market research conducted from 1994-2001, are listed to the right. They believe prisons are for housing people who are dangerous to society. They also believe that prisons should rehabilitate and that treatment programs should be employed specifically for youthful offenders. For non-violent offenders they believe prison is not appropriate and is counter-productive. They believe that non-violent offenders should be held accountable and should acknowledge their responsibility for their crime to the community and to their victims. Vermonters also believe offenders should make amends and repair damage done by crime where the damage can be repaired. Perhaps most importantly, Vermonters want to participate in the justice process and be involved in helping individual offenders and in participating in the decisions regarding admissions to the system and release from it. Finally, Vermonters expect quality of service at an affordable price.

Market Research Vermont Citizens Survey

Safety from violent predators
Treatment for safe release
Accountability for the crime
Reparation of the damage
Involvement of the community
Quality of service

Performance Indicators:

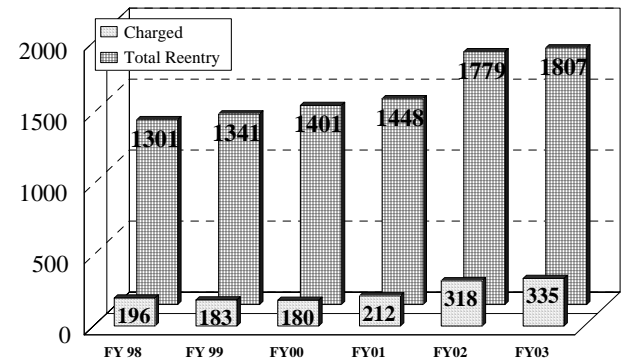
Violent Offenders in Prison



Safety: Safety from violence is the fundamental expectation of the Vermont justice system. Prison space is reserved for violent and repeat offenders. To measure safety as an outcome we first measure the number of violent and high-risk offenders that are incarcerated. As sentences for serious offenses have increased, the length of stay has increased. Thus the number of violent high-risk inmates has increased. The average time served by violent felons has more than doubled in the past ten years.

Reentry Outcomes

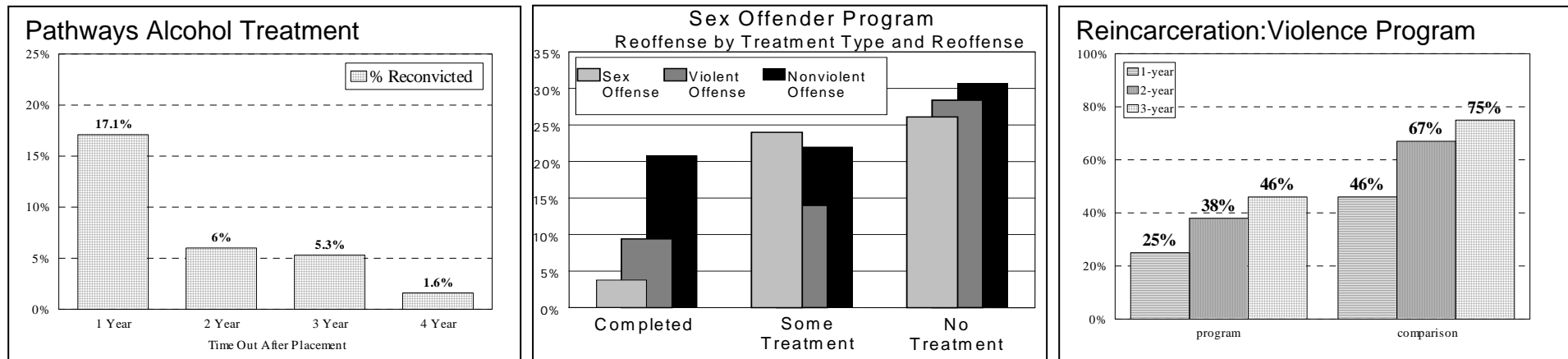
Number Released vs Number Charged with a Crime while on Release



Furlough re-entry programs incorporate a strategy of intensive supervision of offenders in the community. This model involves frequent contacts, intensive treatment, and supportive supervision practices. The supervision results in very low new crime rates and particularly low violent crime rates. Out of 1,803 offenders on Reentry Furlough in 2003, 335 (19%) were convicted of 654 new crimes. Ten of those convictions were for violent felonies or misdemeanors and the rest were non-violent offenses.

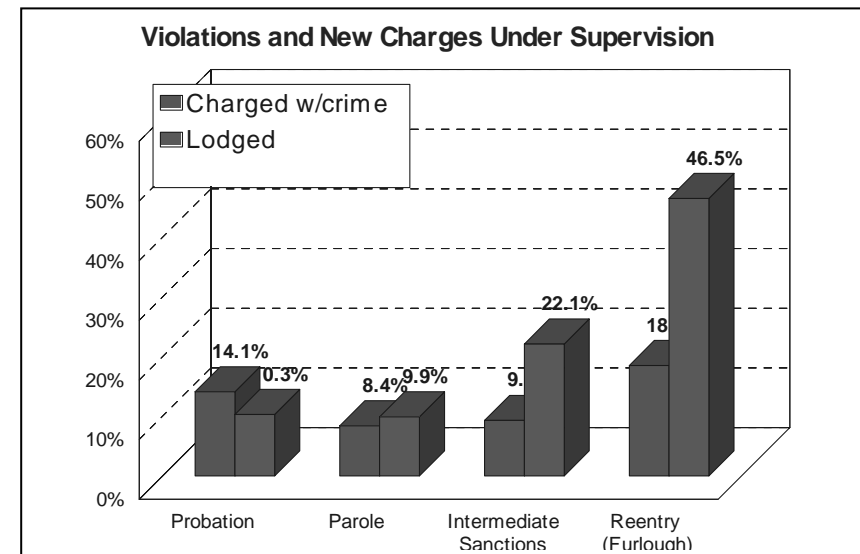
Accomplishments *Department of Corrections*

Treatment: Vermonters overwhelmingly expect treatment programs for offenders. They don't expect treatment to work every time, but they do expect the Department to administer it. Treatment programs more than offset the costs of re-incarceration.

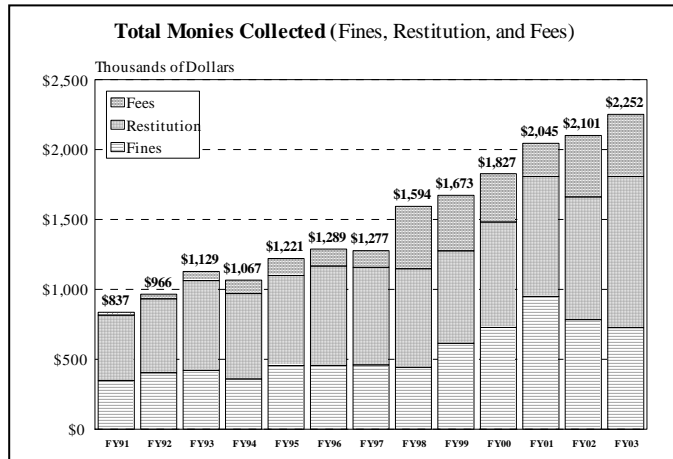


Accountability:

In 1995, sentencing options were implemented to give judges alternative sanctions to incarceration. Judges could focus on reserving the most expensive resource (prison beds) on higher risk, violent, and repeating offenders. The Department holds offenders on re-entry to a high level of accountability. Half are brought back to jail for a short duration, while the other half do not violate their conditions. Very low rates of new charges or new convictions are strong evidence of success. Intermediate sanctions are reserved for those who pose a lesser risk and who are also held to a high level of accountability. Offenders on parole have succeeded in re-entry and the results are positive. Offenders on probation receive less supervision and commit new crimes at a higher rate than those on intensive supervision.

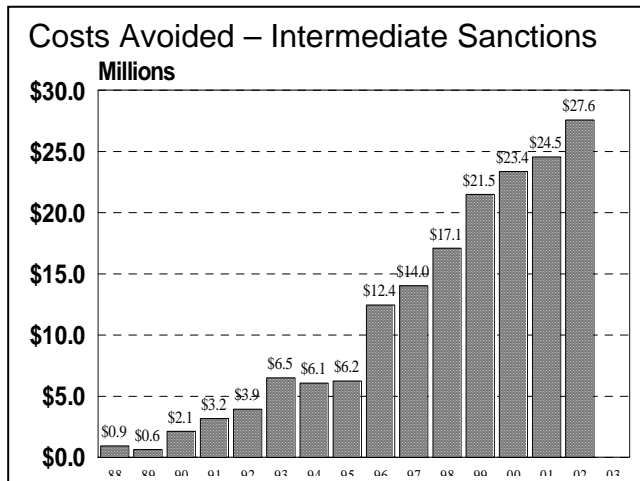


Accomplishments *Department of Corrections*



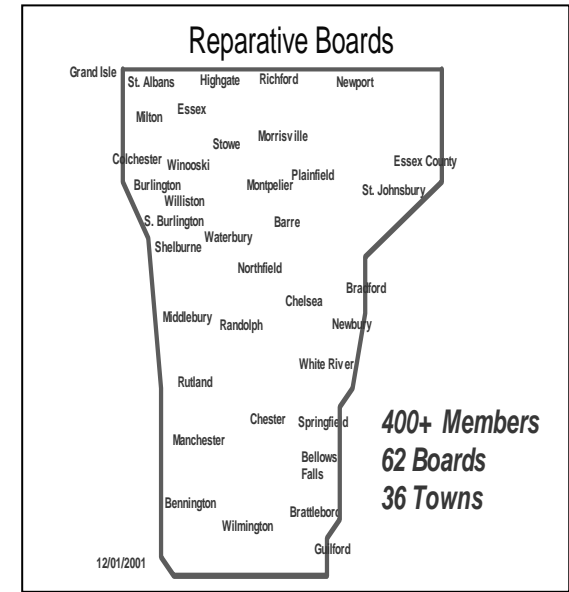
members since the program began. This number continues to rise, and last year 1,537 cases were given Reparative Probation.

This approach uses the strengths of a community as the centerpiece and allows for informal social controls to reinforce, and sometimes replace formal, expensive systems of criminal justice. Community partnerships have been strengthened recently by creating Restorative Community Justice Centers. Municipalities can expand their community involvement by intervening with conflict and disputes early to divert conflict resolution away from the adversarial, expensive, criminal justice process.

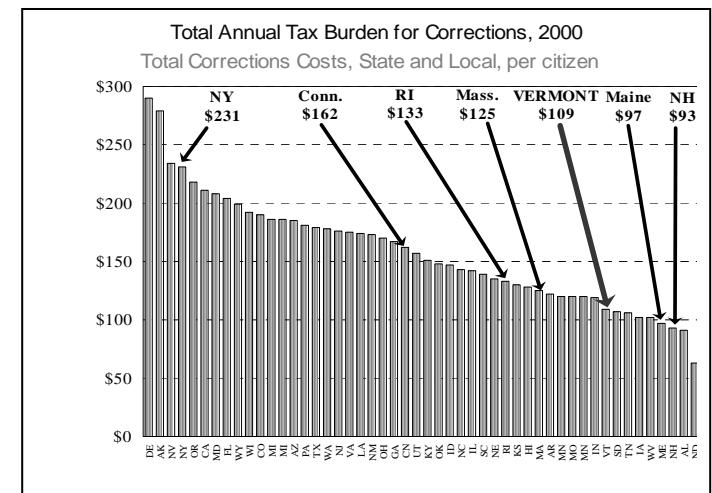


REPARATION: Vermonters expect offenders to make amends. Repairing damage and adding value to communities is done by contributions of service to volunteer and non-profit organizations, by working in a correctional work program inside a facility, and by apologizing to their victims. Vermonters want good to come of the event and restitution to be made to victims.

INVOLVEMENT. Vermont citizens amazed the Department with their desire to become involved in the system. More than 400 Vermonters have been reparative board

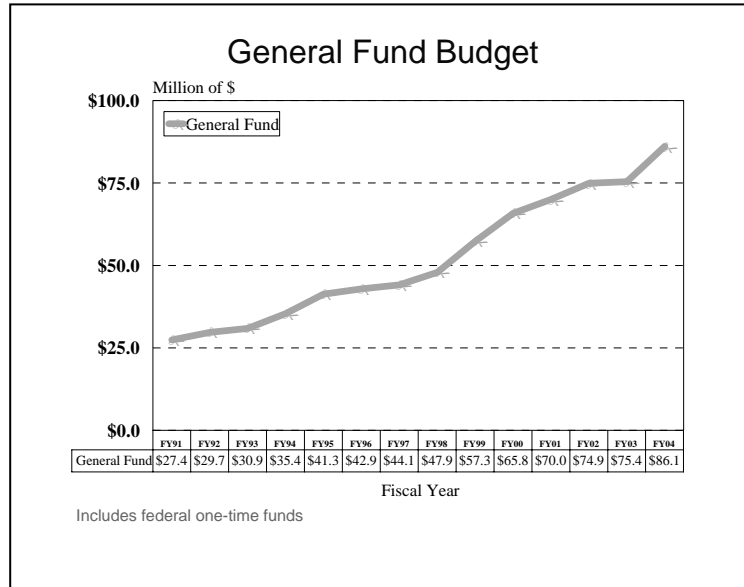


Quality: As more of the sentenced population has been placed in the community under intensive supervision, and despite the level of accountability and risk control that has been applied, cost reduction has been significant in comparison to the costs that would have been borne by incarceration. The use of intermediate sanctions and conditional re-entry is effective in avoiding significant costs. They are an important part of why Vermont has maintained a low cost to the taxpayer.



Caseload and Cost Data *Department of Corrections*

The bad news: Costs and Caseloads



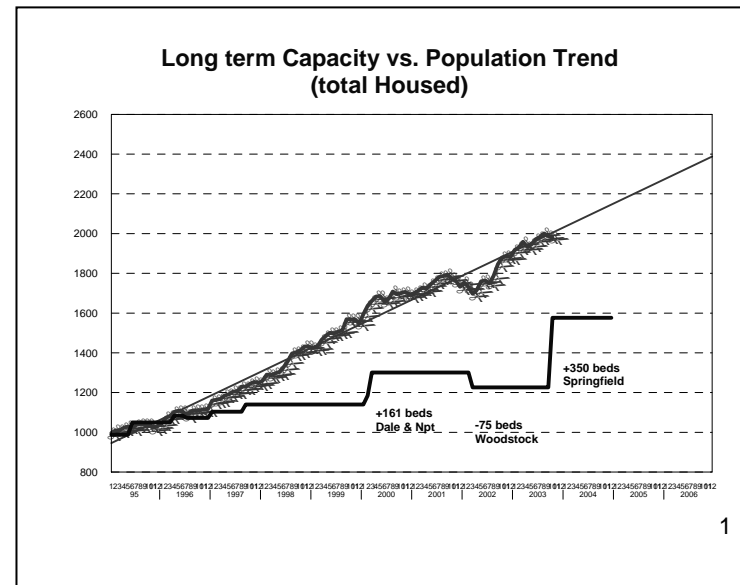
Cost: The Department's budget has increased faster than most state agencies' for more than ten years. The total budget has increased from \$25 million in FY1990 to \$100 million in FY2004. The Department was able to hold growth in FY2003 to 0.6%, but only by closing the Woodstock facility and opening the Springfield facility in October 2003, which has substantially increased capacity, but has increased costs as well.

Caseload:

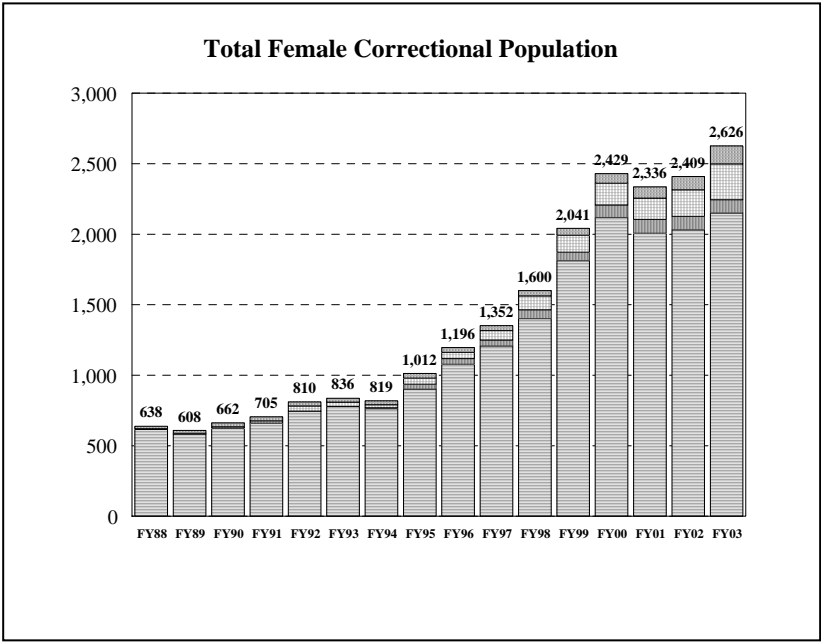
Since FY1995, the total number of individuals under the supervision of the Department of Corrections has increased 63%, from 8,107 to 14,088. The incarcerated population has more than doubled from 989 in 1995 to over 2,000 in 2003. The number of offenders on intermediate sanctions and furlough re-entry has increased five-fold, from 330 to 1,573. More than 44% of the sentenced population is **not** in prison.

Incarceration:

Facilities are the largest cost item. This caseload has increased far beyond the Department's capacity. As a result, we contract to house over 400 inmates in out-of-state beds, primarily in Virginia. The Southeast State correctional facility in Springfield opened in October 2003 and has provided significant relief. However, the overall housed population continues to grow at a rate that far exceeds the capacity of the system, even with Springfield at full occupancy. This results in a continuing need for the use of out-of-state bed space and continues to create the need for either the construction of significant new bed space, or major legislative or judiciary changes to reduce demand.



Caseload and Cost Data *Department of Corrections*



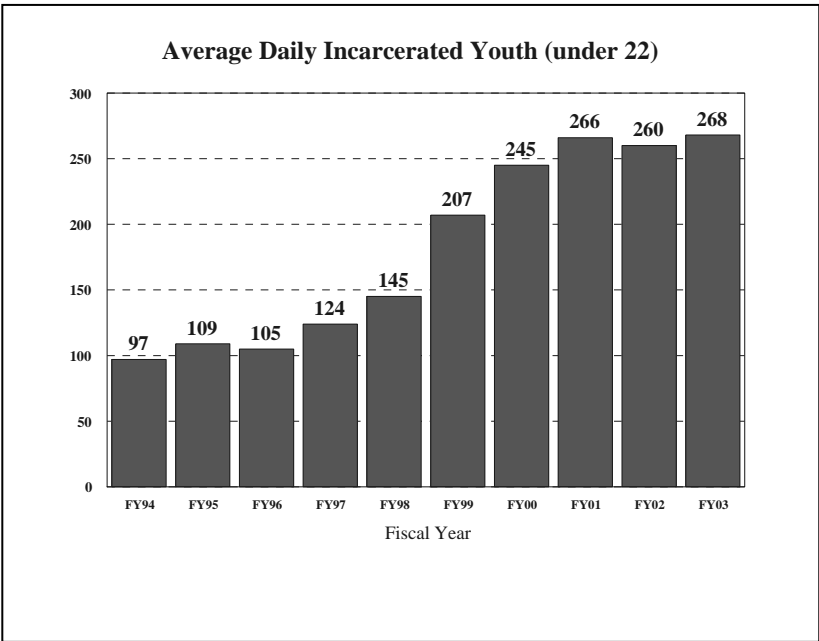
**Two population trends raise special concerns – women and youth.
Women Offenders:**

The number of women in Corrections' custody is increasing much faster than the number of men, both in the community and in prison. The Department has taken significant steps forward in the restructuring of bed space in the wake of opening the Springfield facility, by converting the Windsor facility to house 100 women, and converting the Dale facility to a detention and mental health facility. This has freed the Chittenden facility from housing all but federal and short-term court detainee women. Nevertheless, the population of women, both in prison and on furlough or intermediate sanctions, is far larger than the capacity. The Department has created a Director of Women's Services in recognition of the fact that women are now 22% of our total population.

Youth:

The number of youth in prison increased from 97 in 1995 to 268 in 2003. The number on probation increased from 575 in 1995 to 1,907 in 2003.

This continues to present a challenge to the Department. During the 2001 legislative session, six positions specializing in helping youth in community settings were created. The Department is evaluating the impact of smaller, specialized caseloads on outcomes and performance.







Department of Developmental and Mental Health Services

"The individuals and families we support in Vermont's communities want the same things that others want: homes, close friends, loving relationships, good health and something meaningful to do each day. Our job is to help them succeed."

Susan Besio, Commissioner

Number of Positions: 283
Funding: \$217,027,164

The Department oversees services to adults and children with developmental disabilities, adults with mental illness and other mental health and emotional problems, and children and adolescents experiencing a severe emotional disturbance and their families.

Year	FY'01	FY '02	FY '03	FY '04	FY '05
General Fund	53,656,619	56,483,993	59,717,047	64,960,969	72,519,770
Federal/Other	104,317,556	117,830,516	116,860,308	125,523,783	144,507,395
Total	157,974,175	174,314,509	176,577,355	190,484,752	217,027,164



Opportunities: Developmental Services

The Department continues to expand a system allowing individuals and families to have more involvement in their own services and to make more informed choices about their services and providers. This trend towards self-determination can allow for more creative, flexible, and efficient use of resources.

- **Increasing Opportunities for People to Manage Services and Supports for Themselves or Their Families:** Consumers and families have more opportunity for increased control and management of their own services. The Department supports consumers by contracting with intermediary service organizations to provide assistance with employer responsibilities such as payroll, taxes and insurance. The development of a *Guide for People Self/Family Managing Medicaid-funded Services* provides additional guidance to consumers, families and service providers.
- **Real Choice Systems Change Grant:** This federal grant under the New Freedom Initiative is a joint project with the Department of Aging & Disabilities and is intended to improve consumers' choices in the service system. There are two goals that specifically pertain to developmental services: 1) training individuals and families about self-determination and active participation in systems planning, and 2) developing a pilot project that provides funding directly to consumers and families rather than through established providers. Training and resource materials are currently being developed and provided to help individuals and families more fully participate in planning services. The research and pilot project to demonstrate direct consumer funding options to increase consumer control begins in 2004.

Pressures: Developmental Services

Caseload Demands: There are increasing caseload demands for individuals of all ages with developmental disabilities. This is due to many factors, including abuse, neglect and exploitation, personal and public safety, long-term supports needed after high school graduation, loss or aging of caregivers, mental or physical regression, homelessness, extreme family stress, co-occurring mental health disorders, youth leaving SRS custody at age 18, job loss, and individuals who formerly would have been placed in nursing homes.

System of Care Plan: This plan outlines the scope of services available to meet the needs of children and adults with developmental disabilities. Budgetary pressures have forced the Department to set priorities for eligibility and restrict access to services under the Developmental Services System of Care Plan since December 2001.

- **Applicant List:** The Department keeps a list of people who are not eligible for funding but who still are seeking services. This list shows that 106 people have applied for services since FY '01, but have not received funding. This includes 82 people waiting for almost \$300,000 in service coordination, 22 people waiting for \$480,000 in home supports, 38 people waiting for \$187,000 in family support and 13 people waiting for \$215,000 in employment supports. Some of these individuals have been on the list for over two years.
- **Children's Services:** The number of children who accessed new funds appropriated for caseload growth doubled in fiscal years 2000 and 2001. A moratorium on funding to serve newly identified children with comprehensive services was implemented on December 1, 2001 due to fiscal pressures. Supports needed for children and their families are extensive and exceed the system's capacity. This moratorium continues and has created a backlog of cases, which would cost between \$1.2 million and \$1.5 million annually.

Opportunities and Pressure Points *Department of Developmental and Mental Health Services*

Opportunities: Mental Health Services

Community Rehabilitation and Treatment (CRT): Vermont is nationally recognized for using evidence-based practices to serve people with major mental illnesses. Evidence-based practices include supported employment, integrated treatment for mental illness and substance abuse, specialized treatment for people who are high users of services and will harm themselves, illness self-management and recovery, and family and peer-taught psychoeducation for families and providers. The Department is a participant in the National Toolkit Project to test curricula and training for illness self-management and recovery, as well as family psychoeducation.

Children's Mental Health Services: Services are integrated to reach children where they are. Promising care strategies, available in certain areas of the state include: mental health workers in schools, pediatricians' offices and early child care and education settings (Children's Upstream Services, or CUPS), a crisis response system for children and families jointly funded with the Department of Social and Rehabilitation Services (SRS), employment programs and supports for youth transitioning to adult life, and individualized treatment for those who have the most intensive needs involving multiple agencies.

Vermont State Hospital & Inpatient Hospitalization: VHS provides emergency examinations, forensic evaluations, and ongoing treatment for individuals whose needs are beyond the communities' capacities. Many inpatients may also have high-risk medical conditions. The Division of Mental Health also manages all psychiatric hospitalizations for clients of CRT programs and Medicaid-eligible children.

Pressures: Mental Health Services

Vermont State Hospital (VSH)

The decertification of VSH by the Center for Medicare and Medicaid Services at the end of September 2003 has pointed to the need to direct considerable energy and effort into improving the quality of care provided by the State Hospital. Among improvements already made or anticipated are: reorganization of VSH management, revamping direct treatment in all service plans, redevelopment of all policies on inpatient care, environmental review and consultation from independent groups, a review of all staffing and administrative capacities and needs, and retraining of staff on implementation of new policies and procedures.

Separate from the efforts toward improving care at VSH, DDMHS has engaged an outside consulting firm to conduct a comprehensive evaluation of the need for psychiatric inpatient services throughout Vermont, to include VSH and other hospitals with psychiatric units in the state. The consultants will gather qualitative and quantitative information from key stakeholders across Vermont and nationally in order to develop a strategic plan for DDMHS-managed psychiatric inpatient services in the future. A report is to be presented to the General Assembly in January 2004.

Programs Operating at Losses

Almost 8,500 adults and children received Emergency Services in FY 2003, and Adult Outpatient programs served more than 7,000 adults and families during this time. These are fundamental safety-net services for all Vermonters. Both programs have operated at losses for several years, and the designated agencies are struggling to maintain these services with limited fiscal resources.

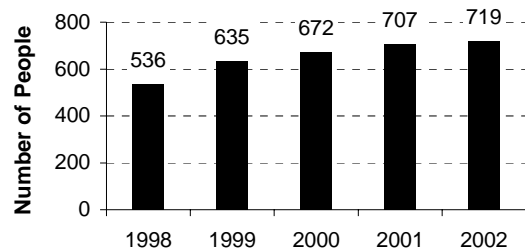
Children's Mental Health Services

The U.S. Surgeon General estimates that up to 20% of our youth have mental health problems. Approximately 10% will have serious problems requiring mental health services – 6.4 % of Vermont youth received public mental health services last year.

Early intervention for young children: \$600,000 in General Fund appropriations is needed as a match for Medicaid funding to continue successful services for young children (0-6) with mental health issues, their families and childcare providers, to replace federal grant dollars that are sun-setting. Early intervention can put children on the road to success in their families, schools, and communities.

Accomplishments *Department of Developmental and Mental Health Services*

**People Receiving
Supported Employment**



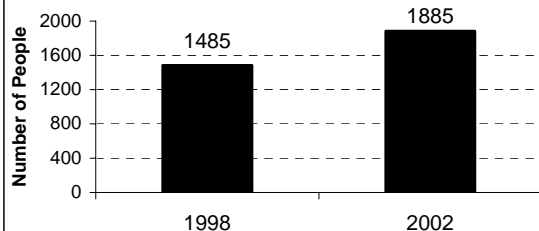
Federal Medicaid Waiver

The number of people with developmental disabilities on the home and community-based waiver (HCBW) continues to grow every year to meet new caseload demands.

The Centers for Medicare & Medicaid Services reviewed Vermont's HCBW services in Spring 2003 for individuals with developmental disabilities and concluded that Vermont "provides the type of individualized services that people need and want" and that Vermont can "serve as a model" for other states.

Vermont was successful in renewing its home and community-based waiver for people with developmental disabilities for another 5 years.

**People with Developmental Disabilities
Receiving Waiver Services**



Developmental Services

People with Developmental Disabilities Receiving Supported Employment to Work

Vermont is ranked 1st in the nation for people with developmental disabilities who receive supported employment services. In FY '02, service providers helped 39% of working age adults with developmental disabilities to work, and saved an estimated \$1,063,146 in public benefits.

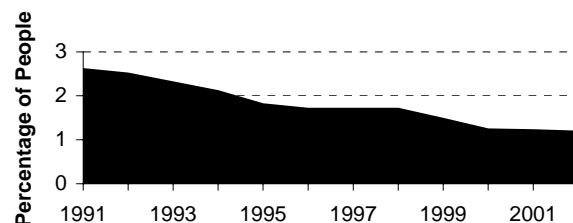
Green Mountain Self-Advocates Grow

A network of 15 peer support groups have formed a strong foundation for the statewide self-advocacy organization that provides public education and awareness, peer mentoring, support and direct action. Green Mountain Self-Advocacy, with funding through the federal Real Choices Systems Change Grant, is providing education to peers and service provider board members on best practices for including people with disabilities on agency boards.

People with Mental Retardation/Developmental Disabilities as a Percentage of All People Who Reside in Nursing Facilities

The national prevalence rate for people living in nursing facilities with developmental disabilities is estimated at 2.04%. Vermont's rate of 1.2% in December 2002 is well below the national average.

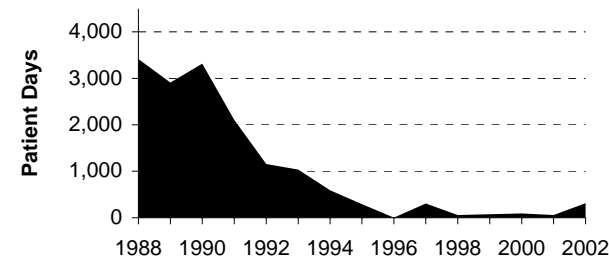
**People with MR/DD as a Percentage
of All People who Reside in
Nursing Facilities**



Crisis Services Successful

Since Vermont's Crisis Intervention Network was formed in 1991, Vermont State Hospital utilization by people with developmental disabilities has dropped dramatically. Last year the Network created a second statewide crisis bed along with increased regional clinical and crisis capacity.

**Vermont State Hospital Utilization
by People with Mental Retardation**



Accomplishments *Department of Developmental and Mental Health Services*

Mental Health Services

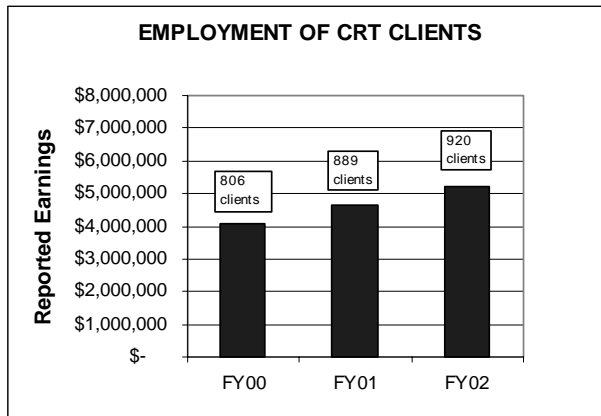
Community Rehabilitation and Treatment

Employment: For the past 4 years, between 28% and 30% of CRT clients (800 – 900) have been employed at least part of each year. This percentage is roughly twice the national average for employment of adults with serious and persistent mental illness. The taxable income earned by these working Vermonters amounted to \$18,605,115 over the four years for which there are data.

Client Stability in the Community: Most CRT clients (87 - 88%) were not hospitalized in FY's '01 – '03, showing that CRT services significantly decrease the need for psychiatric hospitalization. A study of rates of hospitalization for behavioral health care in the 1990's reveals declining average annual hospitalization rates after treatment in contrast to hospitalization rates before treatment. The decline was 18% from 1992 through 1995 and even greater, 27%, for the period 1997 – 2000.

Acute Care Management: Since the inception of acute care

management, the allocation for inpatient costs for clients of Community Rehabilitation and Treatment has been stable at \$1,392,000 per year (despite annual increases in per diem hospitalization costs between 3% to 4% each year). This has been accomplished without denying access by facilitating discharge planning and decreasing client length of stay to an average of 8 days.



Emergency Services

Involuntary Hospitalization: Voluntary treatment and stabilization is the goal for persons in crisis. Fewer than 5% of the 6,969 recipients of emergency services (332 people) were involuntarily hospitalized last year.

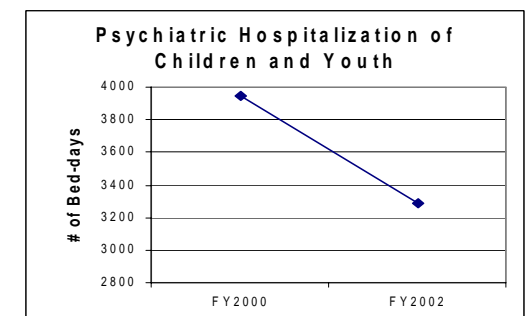
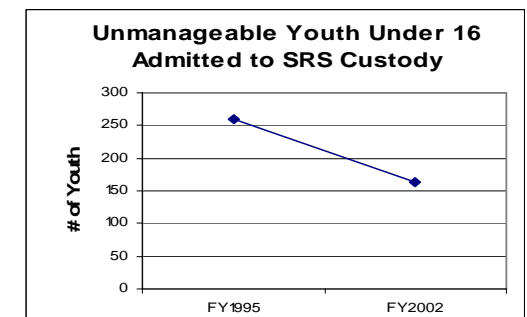
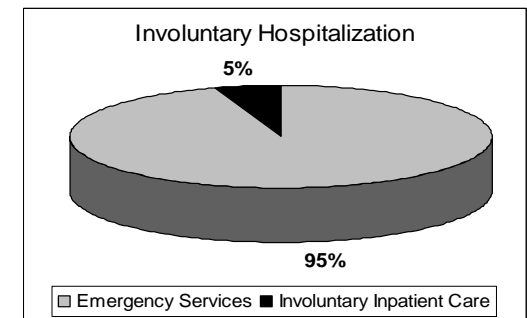
Children's Services

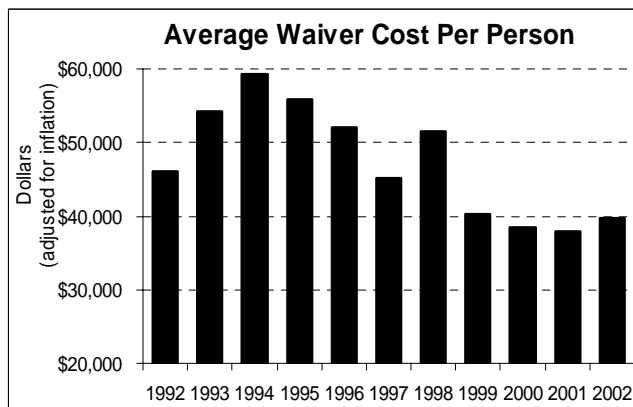
Reduction in numbers of children going into state custody: Access Vermont/Families First outreach and crisis stabilization have helped reduce by 40% the number of unmanageable youth under the age of 16 entering the custody of Social and Rehabilitation Services annually between 1995 and 2003, and have helped reduce by 44% the number of unmanageable youth of all ages in SRS's average daily population.

Reduction in psychiatric hospitalization costs for children: Acute-care management for children has resulted in a 23% reduction in bed days and a 27% reduction in costs during the last 2 years.

JOBS (Jump on Board for Success) Employment Programs: The JOBS partnership among Vocational Rehabilitation, Children's Mental Health, and Corrections provides innovative supported employment and case management for youth aged 18-22 with mental health issues. For participants who successfully completed the program there have been the following outcomes:

- 41% decrease in involvement with Corrections
- 82% decrease in involvement with intensive mental health services
- 75% decrease in homelessness or use of residential placements
- 62% of the high school dropouts received their GED





Developmental Services

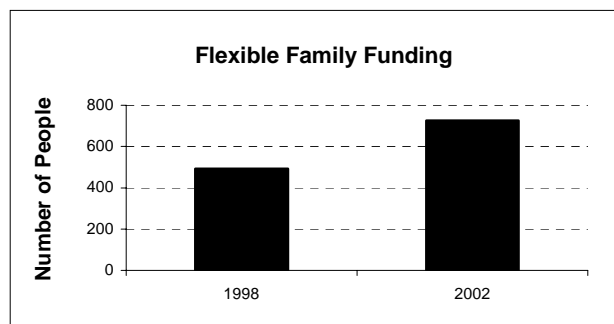
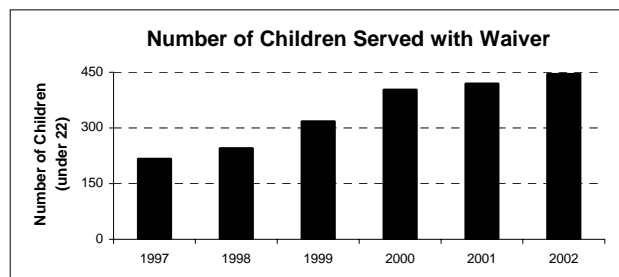
Average Cost Per Person – Waiver Services

Since the Brandon Training School closed in FY '94, the average cost of waiver services per person served has declined.

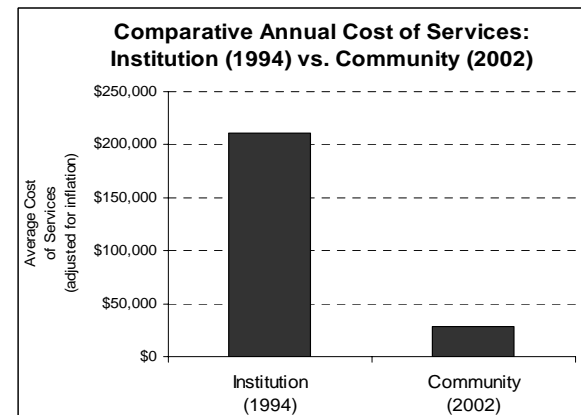
During the last two full years of Brandon Training School, it cost an average of \$211,496/year for each person served. In current dollars, 9 families can be supported with intensive in-home supports, or 190

families can be supported with respite support, for the same amount of money.

2003 marked the 10th anniversary of the closing of Brandon Training School (BTS). The occasion was celebrated with an all day event, starting with a tour of the old BTS campus in the morning and culminating with a group celebration in the afternoon. Over 60 former residents of BTS attended the commemoration.



Flexible Family Funding, a unique family respite option, is a low cost program that offers a highly valued benefit to families of young and adult children. These funds, used at the discretion of the family, help provide care and support and avoid the need for more intensive and costly out-of-home services. Although stable for many years, the number of families who have benefited from this respite program has increased in the past couple of years.



Suspended Services to Youth

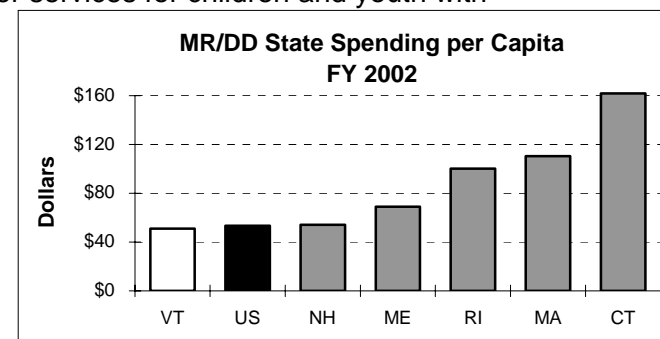
As of December 1, 2001, suspended funding priorities in the Developmental Services' State System of Care Plan, FY '02 rescissions, and FY '03 and FY '04 shortfalls have halted new home and community-based waiver services for children and youth with developmental disabilities who live with their families.

MR / DD State Spending per Capita

Vermont utilizes a higher percentage of federal funds than the national average. In addition, Vermont spends less in state funds per capita than any other New England state and less than the national average.

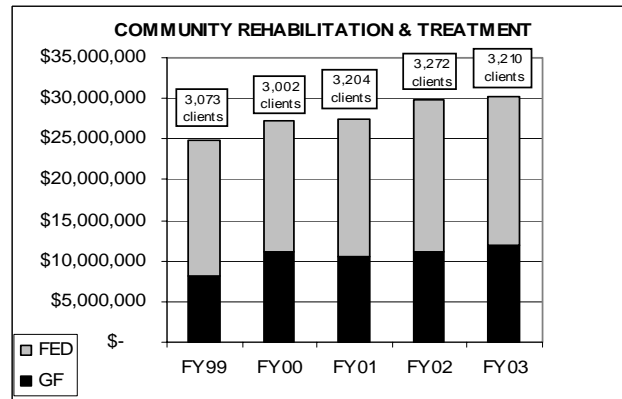
Respite/Flexible Family Funding

Flexible Family Funding, a unique family respite option, is a low cost program that offers a highly

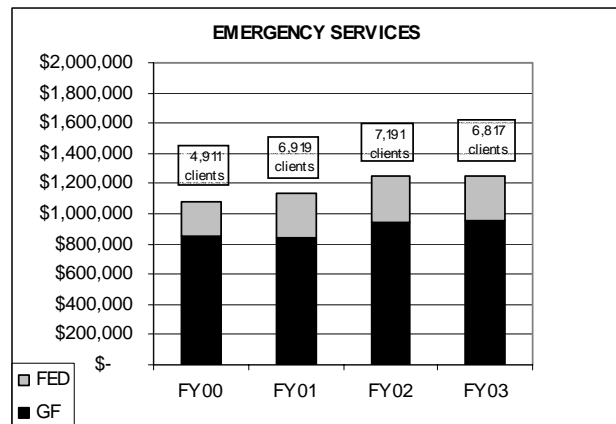


Caseload and Cost Data *Department of Developmental and Mental Health Services*

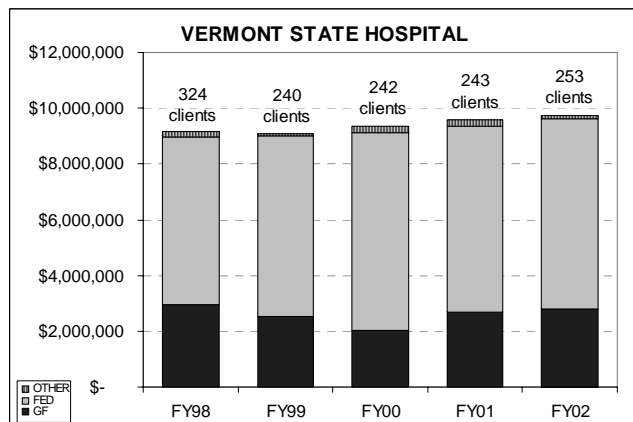
Mental Health Services



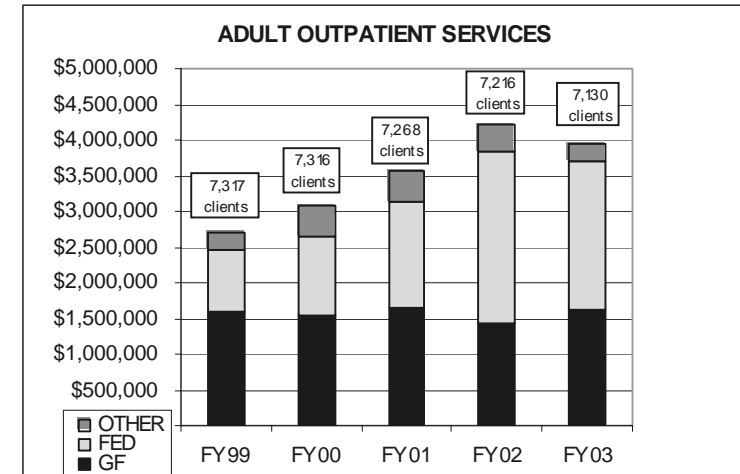
Community Rehabilitation & Treatment programs offer a full range of mental health supports and services for adults with diagnoses of major mental illnesses such as schizophrenia, bipolar disorder, major depression, and serious disorder of thought or mood.



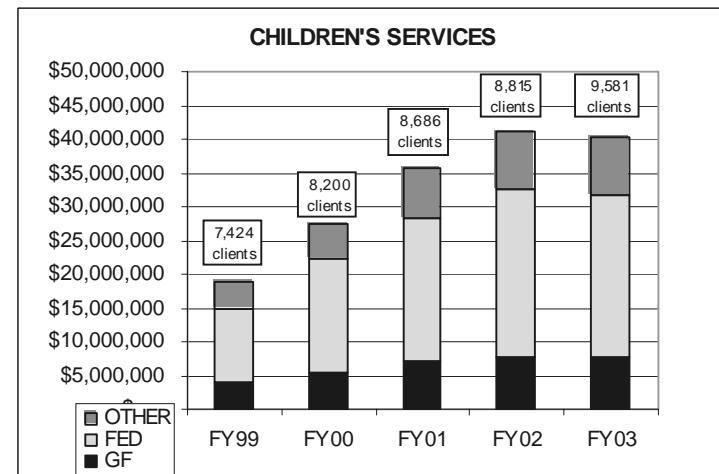
Emergency Services are available 24/7 for anyone in crisis. Emergency Service Programs also serve communities, schools, or other organizations trying to cope with events such as suicide, natural disaster or attacks. These figures exclude Emergency Services funding in the case rate for CRT.



Vermont's only public psychiatric facility provides emergency exams, court ordered forensic evaluations, treatment for those who are dangerous to themselves or others, and long term care for a small number of people whose treatment needs exceed community capacity. Virtually all admissions to Vermont State Hospital are involuntary.



Adult Outpatient services offer a limited range of mental health services for individuals and families experiencing high emotional distress or behavioral difficulties that disrupt their lives.



Children's Services offer a full range of community-based services, often in collaboration with other state agencies. These services provide effective prevention, early intervention, and behavioral health treatment for children and their families. Programs serve families with children from birth to 18 years of age and in some intensive-need situations, services may extend through age 21.



Office of Economic Opportunity

"The need for Vermonters to lead safe, healthy and productive lives is critical to our mission. To ensure these principles are met, we strive to provide low-income Vermonters with the opportunity to enhance their economic self-sufficiency through creating support networks and partnerships with communities."

Cathy Voyer, Director

Number of Positions: 6
Funding: \$11,459,246

The Office seeks to increase the self-sufficiency of Vermonters and strengthen Vermont communities by providing training and technical assistance, resource identification and development, and program and grants management for community-based organizations. The Office connects communities to resources within government and the private sector to eliminate the causes and symptoms of poverty.

Year	FY '01	FY '02	FY '03	FY '04	FY '05
General Fund	915,387	992,369	1,110,673	1,164,813	848,147
Federal/Other	9,706,590	10,041,692	9,683,374	10,489,531	10,611,099
Total	10,621,977	11,034,061	10,794,047	11,654,344	11,459,246



Opportunities:

The Office of Economic Opportunity (OEO) continues to establish strong partnerships with a variety of organizations and works closely with the Department of Economic Development and Vermont Economic Development Authority (VEDA) to help create new job opportunities for low-income Vermonters. In addition, OEO works closely with numerous housing organizations and the Vermont Community Development Block Grant Board to increase the availability of affordable, stable, safe, and supportive housing throughout Vermont.

Innovative programs such as Individual Development Accounts have demonstrated positive outcomes for low-income working Vermonters, enabling them to acquire assets that help move them out of poverty.

Organizations receiving grants are required to use Results Oriented Management and Accountability (ROMA), and other performance management tools to enhance the effectiveness of services provided to low-income Vermonters. These organizations are becoming increasingly sophisticated in their ability to use outcomes-based approaches to gauge effectiveness.

The Weatherization Trust Fund was reauthorized until June 30, 2008. Increases in funding from the U.S. Department of Energy and successful leveraging activities have stimulated an aggressive increase in weatherization activities statewide. Vermont's weatherization program continues to lead the nation in instituting innovative and cost-effective methods for improving energy efficiency for low-income Vermonters.

Pressures:

Homelessness plagues many Vermonters. Families with children are found in increasing numbers in homeless shelters. Homeless shelters, Community Action Agencies and other service providers struggle to find decent housing – at any price – for the large number of working but homeless families. Living in shelters and being homeless has a negative effect on children. As shelters reach capacity, more and more Vermonters are turned away, ultimately living on the streets or on someone's couch. **Transitional housing with supportive services** can alleviate some of this pressure.

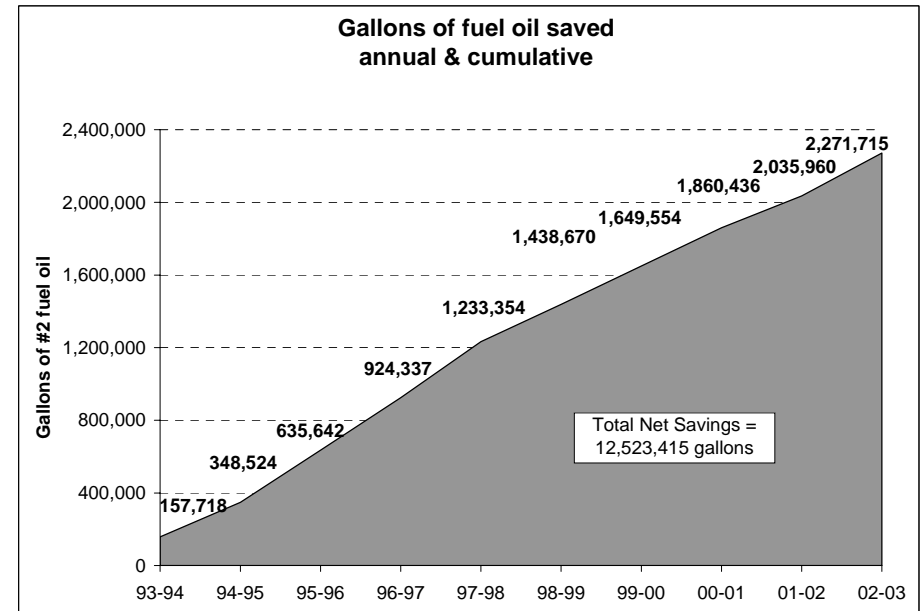
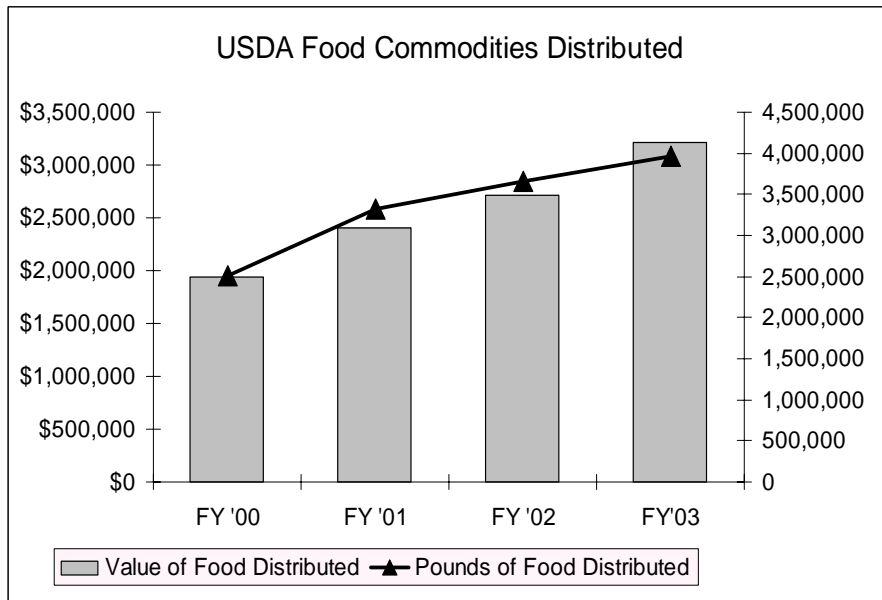
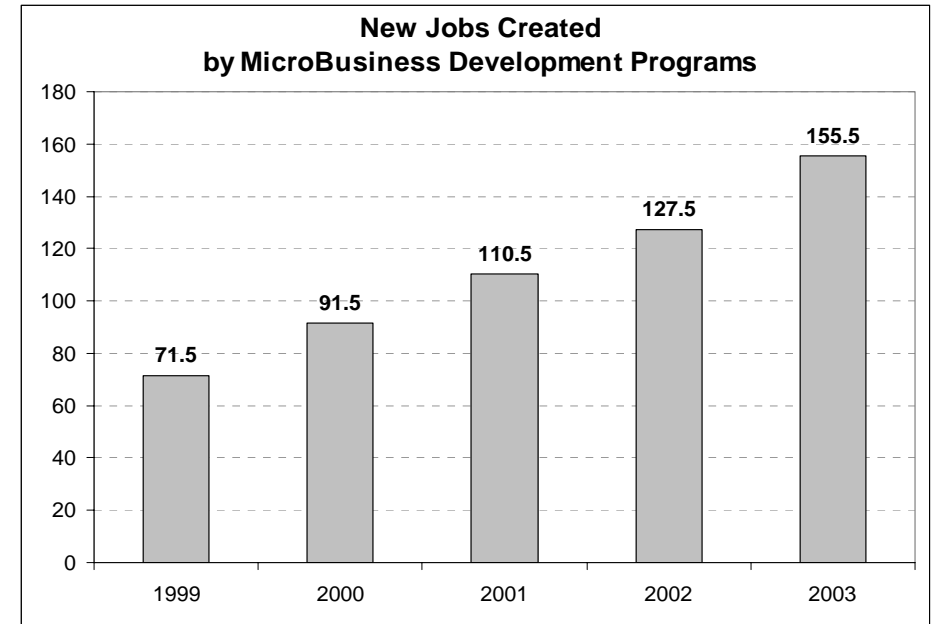
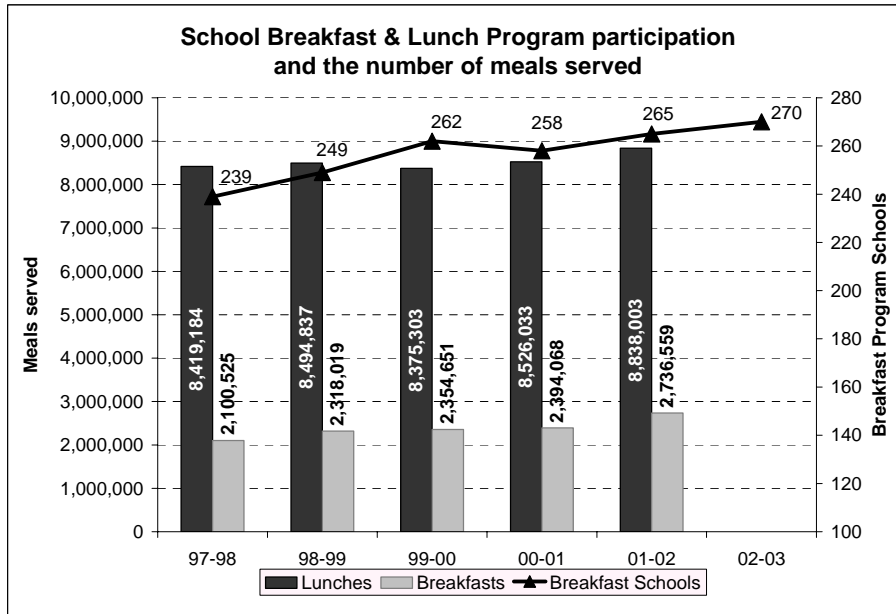
Rising housing costs is a huge burden. Many Vermont families pay 50 - 75% of their monthly income just to have a place in which to live. As housing costs continue to rise, more and more working Vermonters are caught in this housing 'squeeze.'

Poverty is a nagging problem in Vermont. During the 1990s, the number of Vermonters at or below the federal poverty level (\$18,400 for a family of four) rose by 3.6%. The 2000 census figures state that 48,483 Vermonters live in poverty.

Hunger is a fact of life for many Vermonters. Each year over 1,000 people are forced to rely on Emergency Food Shelves to meet their nutritional needs. Many Vermont children rely on school lunch for their best and most nutritious meal of the day.

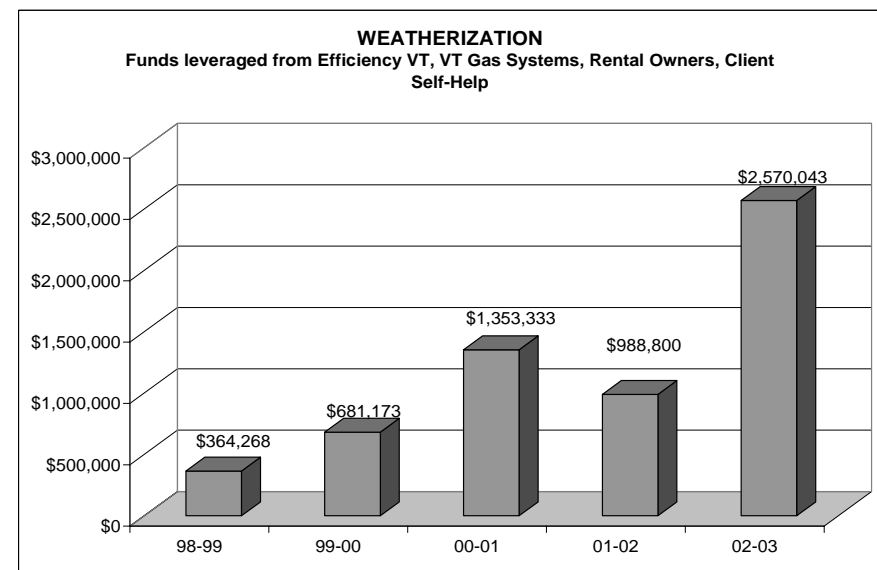
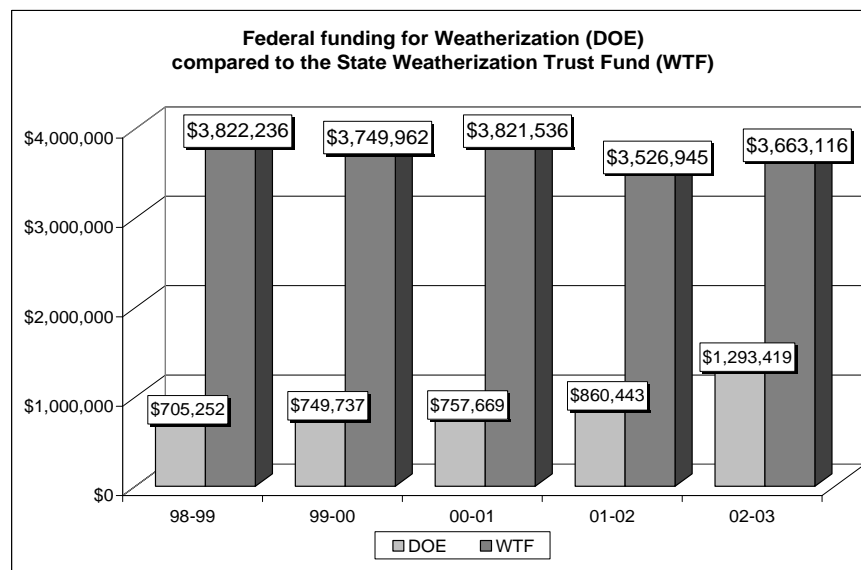
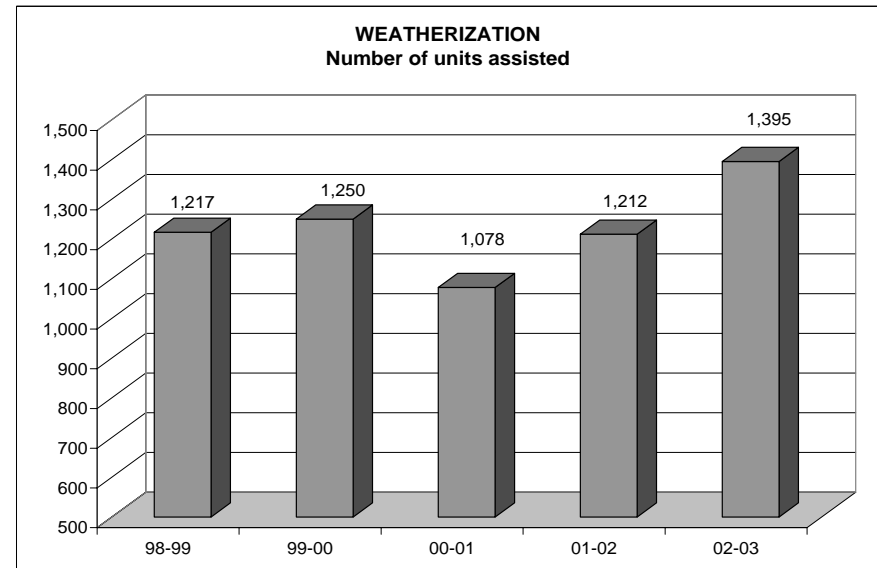
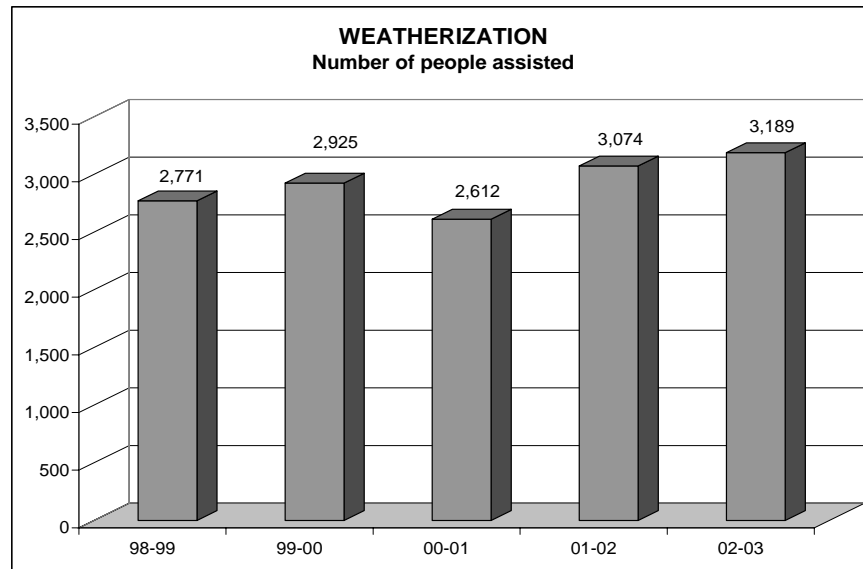
The federal Community Services Block Grant (CSBG) is scheduled for reauthorization in 2004. This grant provides the 'core' funding for Vermont's five Community Action Agencies and is key to providing a host of anti-poverty services to nearly 40,000 Vermonters each year. This is accomplished through using new and innovative strategies that help people lift themselves out of poverty.

Accomplishments *Office of Economic Opportunity*

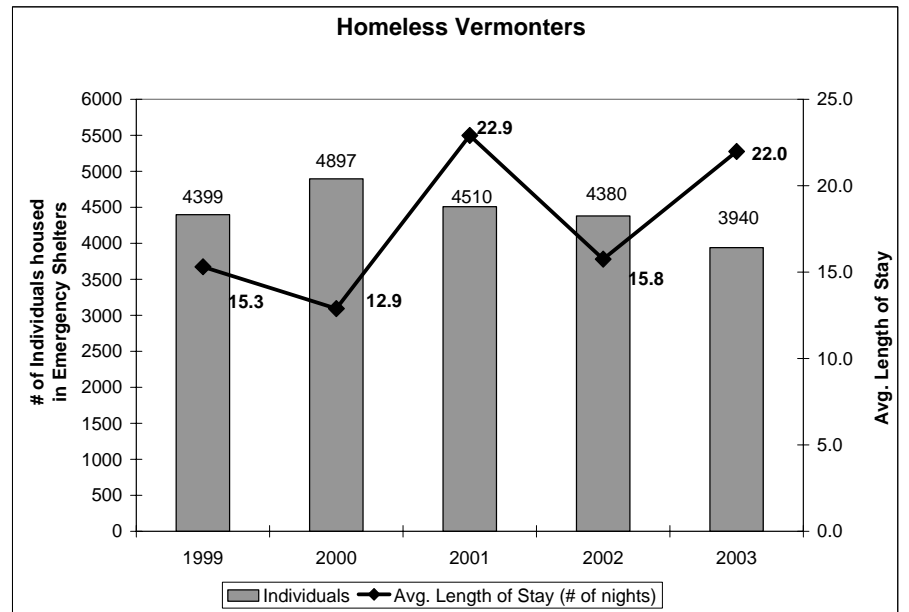
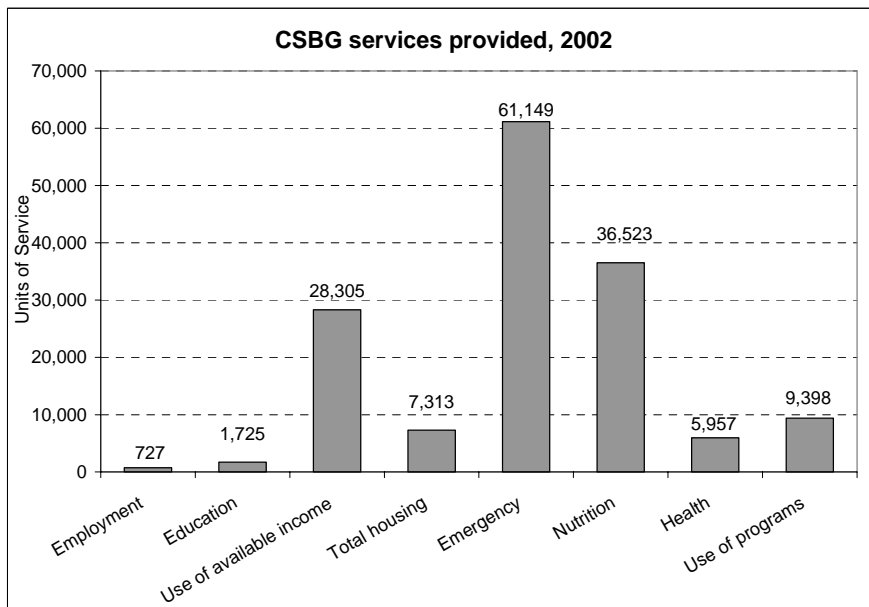
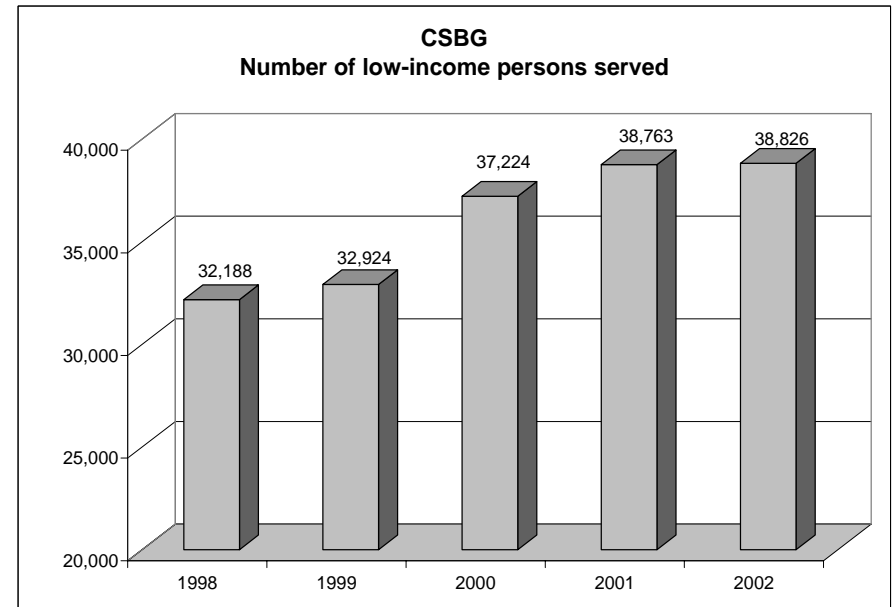
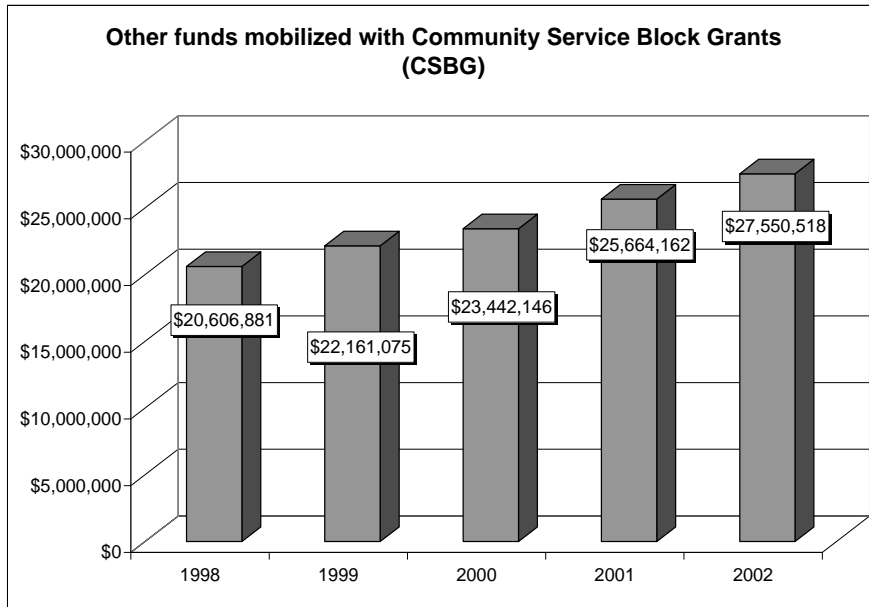


Overview

The Office of Economic Opportunity seeks to increase the self-sufficiency of Vermonters and strengthen communities by working in close partnership with over 40 community-based, nonprofit organizations to provide a range of services. These services are aimed at reducing the negative effects of poverty and at strengthening communities and other support systems.



Caseload and Cost Data *Office of Economic Opportunity*





Department of Health

Number of Positions: 548
Funding: \$93,317,893

Vermont excels on a wide range of public health measures. Building on this strong foundation, we are undertaking new initiatives to reduce childhood obesity, to improve health care for people with lifelong, chronic illnesses, to ensure easy access to substance abuse treatment and to be prepared for a public health emergency, be it a serious infectious disease like SARS or an act of bio-terrorism."

- Paul E. Jarris, MD, MBA, Commissioner

We will have the nation's premier system of public health, enabling Vermonters to lead healthy lives in healthy communities. We will lead our state and communities in the development of systematic approaches to health promotion, safety and disease prevention. We will continuously assess, vigorously pursue and document measurable improvements to the health and safety of Vermont's population. We will succeed through excellence in individual achievement, organizational competence and teamwork within and outside of the Department of Health.

Year	FY '01	FY '02	FY '03	FY '04	FY '05
General Fund	16,923,028	17,230,764	16,916,678	17,352,904	19,800,091
Federal/Other	49,378,304	58,700,378	55,965,753	59,558,179	73,517,802
Total	66,301,332	75,931,142	72,882,431	76,911,083	93,317,893



Rising Health Care Costs • Improving Health Care for People with Chronic Conditions

Health care costs in the United States and Vermont have increased faster than the rate of inflation each year for over 10 years.

- Average health care costs increased \$401 per person in the last year
- Vermont Medicaid program expenses increased by 23 percent from 2000 to 2002

Vermont will be unable to maintain the current level of care unless we confront the cost drivers that are leading to these increases—care for people with chronic diseases like diabetes, asthma, cardiovascular disease, arthritis, etc. People with chronic conditions account for 78 percent of health care spending, 76 percent of hospital admissions, and 72 percent of all physician visits.

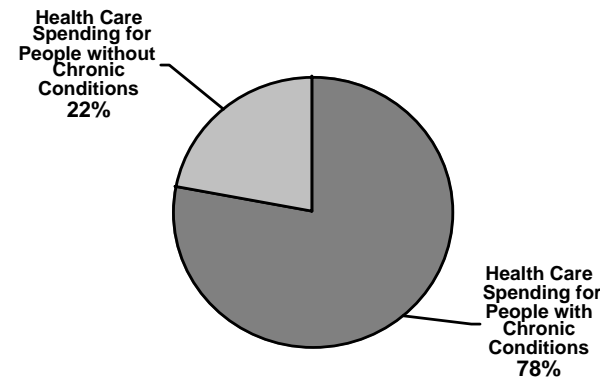
A New Model for Improving Chronic Care

Directed by Governor Douglas, the Health Department is leading an initiative to change our health care system to better address the needs of people with chronic disease.

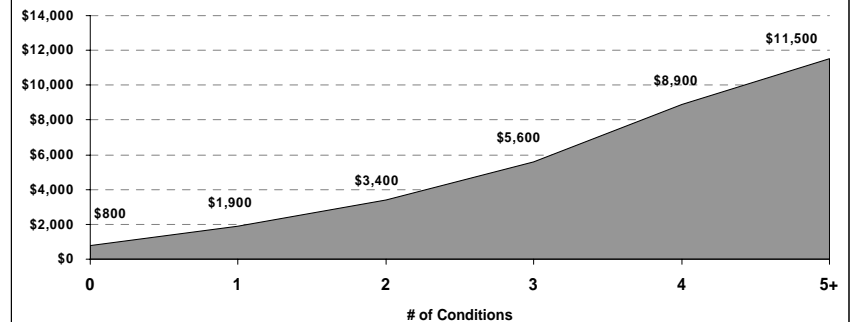
While chronic diseases are among the most prevalent and costly, they are also among the most preventable. For those who develop a chronic illness, the complications that result from it can often be prevented or reduced. Living well with a chronic disease requires on-going, coordinated care across health care settings and among various service providers, patients and family members.

The system, as it now stands, cannot do the job needed to provide the best care for people with chronic conditions. By improving care for people with chronic illnesses, the Department will improve the quality of care received by all patients and will build a stronger health care system for Vermonters.

People with Chronic Conditions Account for the Majority of Health Care Spending



Health Care Spending Increases with the Number of Chronic Conditions Average Per Capita Health Care Spending



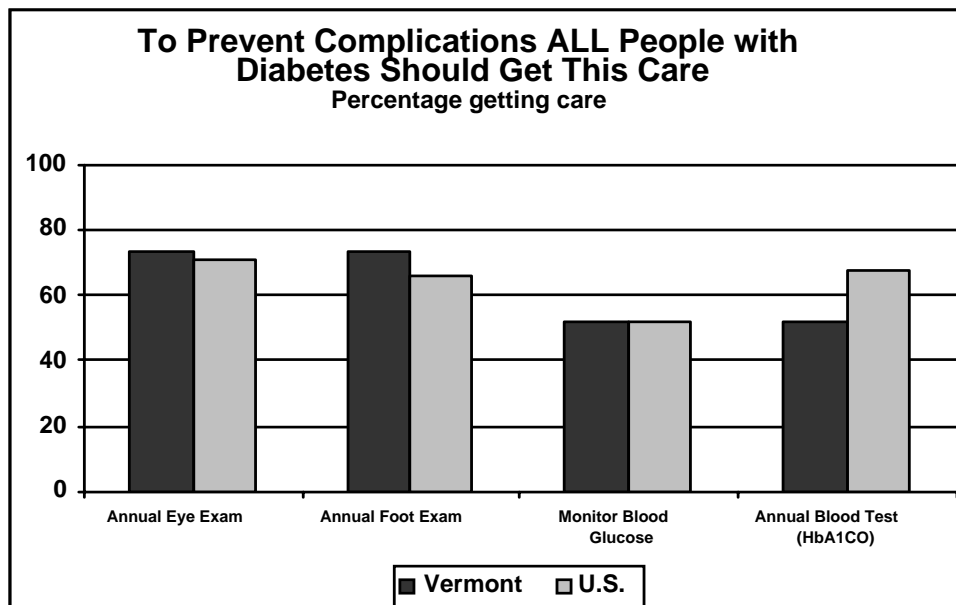
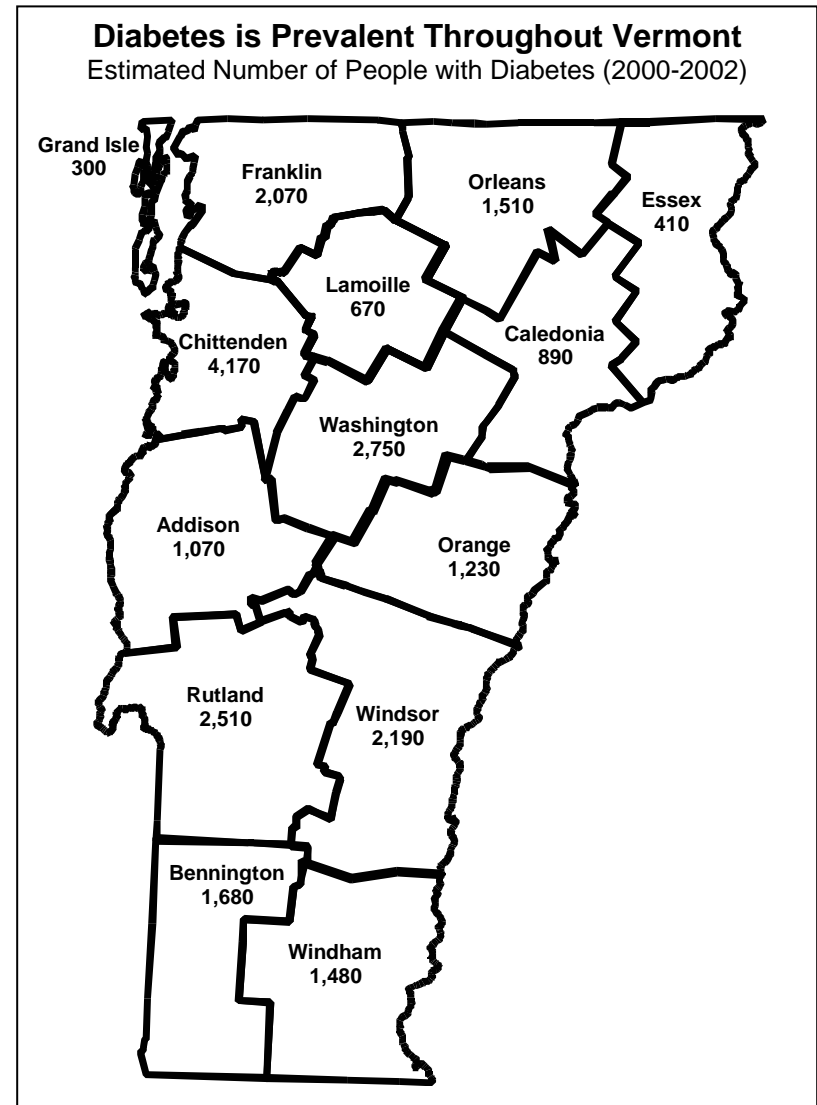
Opportunities and Pressure Points *Department of Health*

Start with Diabetes, Expand to Other Chronic Diseases

Taking advantage of work already begun as a pilot project, the initial focus of this new health care initiative will be diabetes. It will later be expanded to other chronic diseases such as asthma, heart disease and depression. Public and private insurers are collaborating in this diabetes effort, and lessons learned will greatly contribute to future expansion.

Diabetes is a good place to start, because there are effective interventions and accepted standards of care that can improve outcomes. These include physician practice tools, patient self-management aids, community programs, and health care system changes that are being applied and tested throughout Vermont.

Improving care for people with diabetes will help reduce health care costs and improve the quality of life for thousands of Vermonters.



Accomplishments *Department of Health*

Putting the “T” in DETER • Building Drug Treatment Capacity in Vermont

Governor Douglas’ DETER (Drug Education, Treatment, Enforcement and Rehabilitation) initiative lays out the framework for a comprehensive approach to addressing substance abuse in Vermont.

Heroin and other substance abuse is inflicting immeasurable damage on families throughout Vermont. The expanding use of heroin continues to stretch the state’s resources beyond existing capacities.

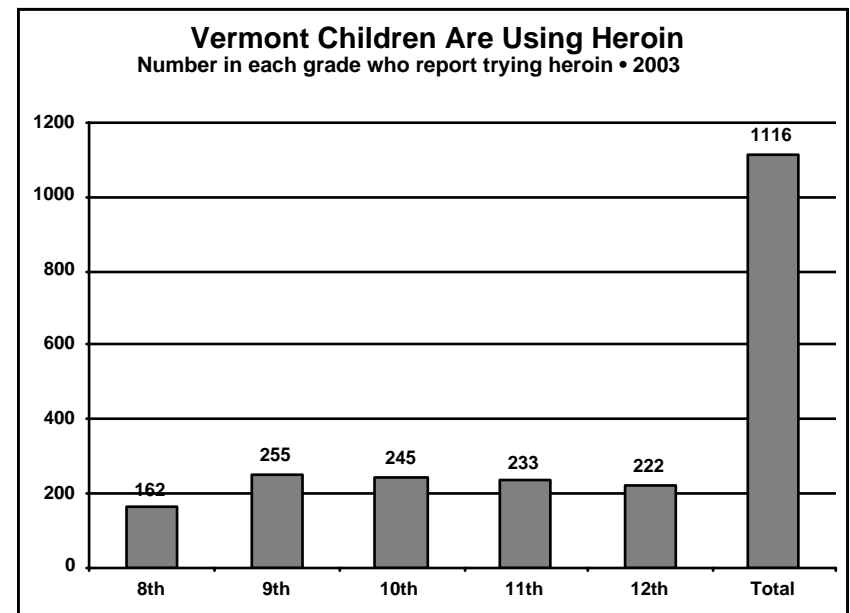
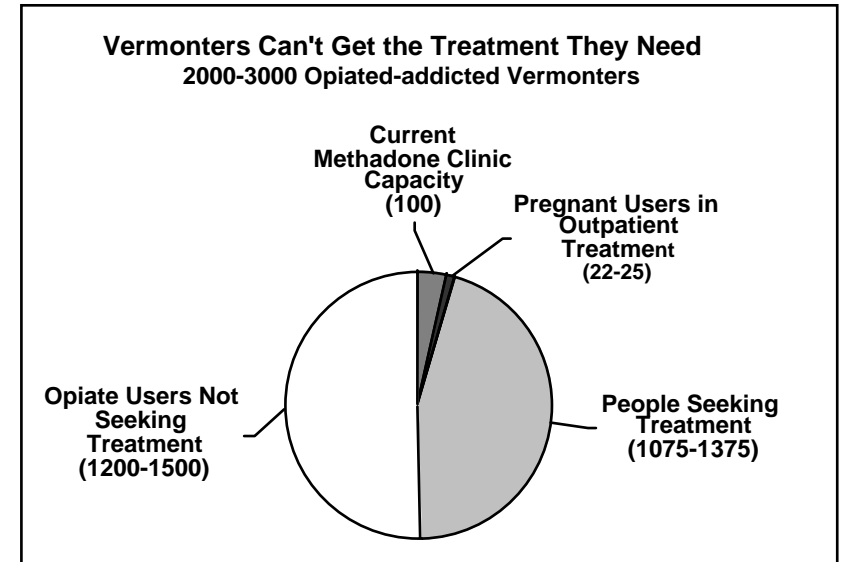
- An estimated 2000 to 3000 Vermonters are addicted to heroin.
- Approximately 1100 to 1300 Vermonters are seeking treatment for opiate addiction.

Opiate Addiction is a Medically-Treatable Chronic Condition

Addiction should be viewed as the chronic, virtually lifelong illness it is. The goals of treatment are similar in many ways with other chronic illnesses.

Like people with diabetes or heart disease, those in treatment for drug addiction learn behavioral changes and often take medications to control their illness. With the aid of medical treatment, behavioral counseling, psychotherapy, support groups and other community services, patients can reclaim healthy and productive lives.

Vermont currently has one outpatient opiate treatment program that serves 100 people, with at least that many people on the waiting list. The Department of Health continues to work with communities to improve treatment options statewide, and is working throughout the state to increase access to recovery centers, programs for opiate-addicted pregnant women, use of buprenorphine, and drug courts—all essential elements as this group moves along the road to recovery.



Accomplishments *Department of Health*

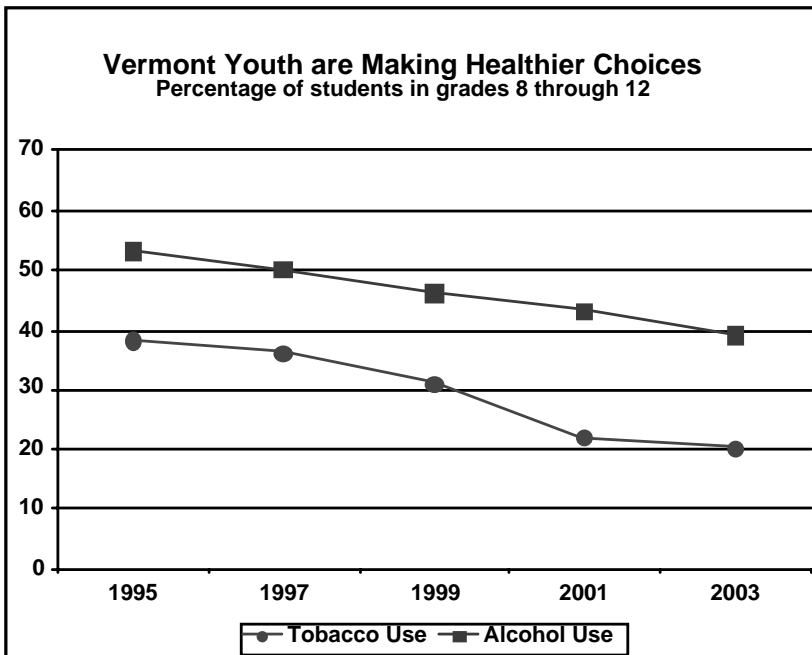
Preventing Substance Abuse is Goal #1

The Department of Health is working with community coalitions, youth groups, schools and health care providers throughout the state to support young people in making healthy decisions.

- 30 community coalitions are funded through the New Directions and Tobacco-free Community grant programs
- Schools have adopted proven prevention curricula
- Schools have Student Assistance Counselors (SAPs)

The results of the 2003 Vermont Youth Risk Behavior Survey show given the information, environment, and encouragement they need, young people can and do make healthy choices.

- Cigarette smoking is down 44 percent since 1997
- Drinking alcohol is down 22 percent since 1997
- More and more young people do not think it is right for kids their to smoke, drink or use marijuana



New Directions and Tobacco-Free Community Grants Department of Health Funded Community Prevention Coalitions



that

age

Accomplishments *Department of Health*

Public Health Preparedness and Emergency Response

SARS: Around the World to Vermont

A sneeze in Hong Kong led to a quarantine in Toronto and investigation of two suspect cases of SARS in Vermont. The international SARS epidemic of 2003 provided a frightening example of the importance of having a public health system ready to respond immediately and effectively to any threat to the health and lives of Vermonters.

Vermont has a head start in coordinating its public health response because the Department of Health includes 12 local offices that are well connected to the hospitals, health care providers and the Local Emergency Planning Committees that serve their communities.

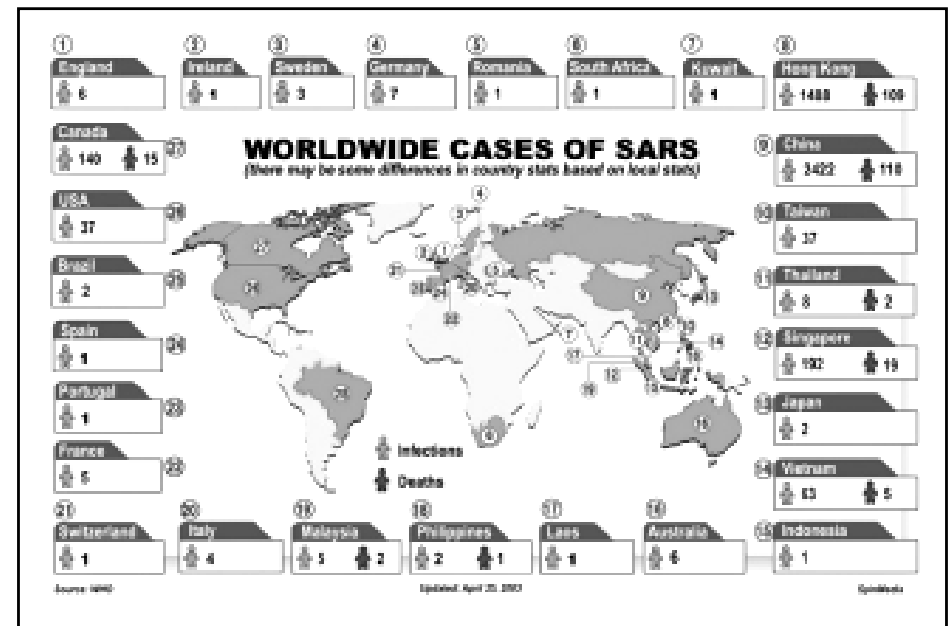
Preparing for ALL Hazards

There is a wide range of potential hazards that can have severe public health consequences: acts of biological, chemical and nuclear terrorism, large scale or unusual infectious disease outbreaks such as SARS, West Nile virus or monkey-pox, chemical spills, weather emergencies and natural disasters. This reality requires that we take an “all-hazards” approach to planning, training, and practice drills, and that we invest in a significant upgrade to public health infrastructure, including a modern Public Health Laboratory.

With funding from the U.S. Department of Health & Human Services, the Health Department continues its work to see that the state’s public health and hospital/private health care systems are well-trained, well-equipped, and well-prepared.

Key Elements of the Public Health Preparedness

- Planning and logistics for mass vaccination clinics, mass casualty care, isolation and quarantine measures, deployment of Strategic National Stockpile vaccines and pharmaceutical supplies, testing/evaluating plans and logistics, etc.
- Disease surveillance, investigation and monitoring, including expansion of the Early Aberration Reporting System to detect unusual illness patterns based on data from hospitals, pharmacies, ambulances, veterinarians, etc.
- Public Health Laboratory capacity to test and confirm clinical specimens for biological and chemical agents.
- Health Alert Network and standardized, redundant communication systems within public health and partners to ensure secure, rapid information exchange.
- Emergency and risk communication capacity to deliver needed health/risk messages and information through the news media, hotlines, website, informational materials, etc.
- Training and education of public health workforce in core competencies needed for emergency response.
- Mutual aid agreements to share resources between public health, hospital/health care, emergency management, and law enforcement both in-state, with border states and Canada, and with the federal government.



Accomplishments *Department of Health*

Tackling Overweight and Obesity • Fit & Healthy Kids

The prevalence of obesity among children in Vermont is increasing at an alarming rate. In 2003, 26 percent of youth in grades 8 through 12 were above what is considered healthy weight for their age and height.

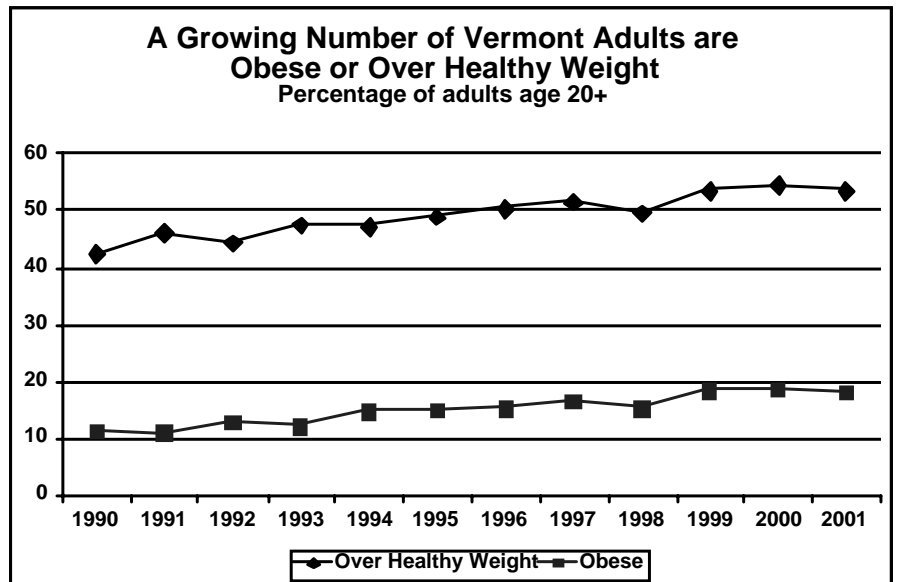
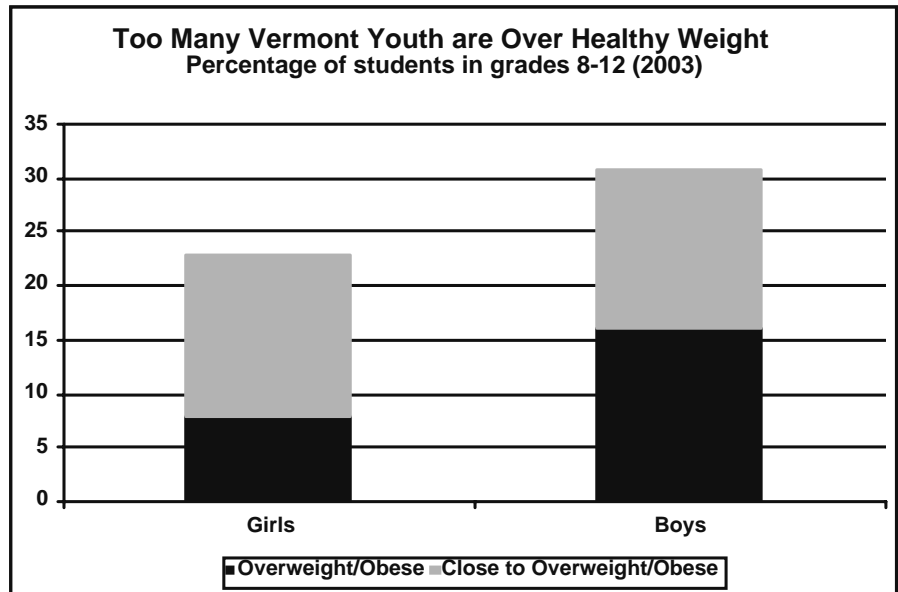
Some of the societal trends that contribute to overweight and obesity among young people include: a tendency to eat away from home, increased soft drink consumption, super-sized serving portions, being driven by car rather than walking or biking, time spent in front of the TV, video game or computer, and fewer opportunities for physical exercise.

Unhealthy behaviors established during childhood often continue through the teen years and into adulthood, leading to a greater prevalence of chronic disease related to overweight, including diabetes, cardiovascular disease and arthritis.

Fit & Healthy Kids Initiative

The Vermont Department's of Health and Education are working together to better address the root causes of overweight and obesity by increasing physical activity and healthy eating behaviors among Vermont children. There is overwhelming evidence that behavioral changes are more likely to occur when interventions and activities focus not only on the individual, but also on changes in the individual's environment.

Key strategies include Fit & Healthy Kids community, school, and transportation grants programs, increasing access to proven programs like Vermont FIT WIC and RunGirlRun, a social marketing campaign encouraging healthy activities and eating habits, and changes in primary care practices.





"If Vermonters need financial assistance to get them back on their feet and employment counseling to rejoin the workforce, PATH is there. When low-income Vermonters need health care coverage and help with the cost of drugs, PATH is there. When they're struggling to keep up with their heating bills and stay warm in the winter, PATH is there, too. Every day, PATH's caring and dedicated employees provide support for our state's most needy and vulnerable citizens."

John Michael Hall, Commissioner

Department of Prevention, Assistance, Transition and Health Access



Number of Positions:	435
Number of Beneficiaries:	147,306
Funding:	\$ 688,349,468

The Department administers assistance that addresses the basic needs of Vermonters who are unable to adequately provide for themselves and their dependents. These programs promote the well-being of families and individuals by taking on many roles, including that of employment coach, health insurance provider, and crisis manager, and by helping find employment for people who have significant barriers.

Year	FY '01	FY '02	FY '03	FY '04	FY '05
General Fund	115,623,515	120,226,567	110,498,224	110,418,726	112,160,155
Federal/Other	384,946,565	423,393,153	461,332,095	510,264,819	576,189,313
Total	500,570,080	543,619,720	571,830,319	620,683,545	688,349,468



Opportunities

Prescription drug savings from rollout of Preferred Drug List (PDL) and Pharmacy Benefit Manager (PBM)

The Department, in conjunction with First Health (our Pharmacy Benefit Administrator), has engaged in negotiated supplemental rebates with drug manufacturers. Initially this was on our own, but beginning in February 2003 we worked collectively with Michigan and South Carolina. PATH is currently working to secure federal government (Centers for Medicare and Medicaid Services (CMS)) approval of these contracts.

PATH made changes in the drug claims payment system to require pharmacies to bill Medicare first for drugs and supplies covered by Medicare, thereby avoiding payment of claims that are the responsibility of Medicare. This became effective August 1, 2003.

Future activities that will affect prescribing habits and lower costs include on-going revision of the preferred drug list, additional supplemental rebates, provider education, and expanding drug utilization reviews.

Premiums to be implemented for health programs

Act 66 authorizes the implementation of monthly premiums for participants in VHAP and PATH's pharmacy programs, and for higher income beneficiaries in the Dr. Dynasaur and Working People with Disabilities programs. The Department is phasing in the new system to ensure a smooth transition and help beneficiaries acclimate to a monthly premium before more stringent requirements are implemented April 1st, 2004. By April 1st, enhanced payment options, such as automatic deduction from banks, will also be available.

Throughout implementation, the Department will closely monitor premium payments and enrollment termination by program and income level. Assessing and reporting on the impact of the premiums on enrollment and resulting adverse selection will be an on-going task.

The Health Access Oversight Committee agreed with the Department's recommendation to defer the \$4 premium for beneficiaries between 0 and 50% Federal Poverty Level (FPL). It is expected that the Legislature will assess this recommendation during the 2004 legislative session.

Pressure Points

Public health care programs – Access, Cost, and Available Revenues are a balancing act

- Increased use and higher cost of health care services are currently affecting everyone who pays for health care.
- Health care inflation rates that are greater than the growth rates in state revenues create serious fiscal pressures.
- Prescription drug cost containment initiatives have moderated costs somewhat.
- Premium-based cost sharing for beneficiaries was implemented in late 2003 and will continue in 2004.
- The cost of Long Term Care services, particularly nursing home care, is a significant budget pressure.

The Department's system goal is to provide access to health care for eligible Vermonters through the Vermont Health Access Plan and Pharmacy Programs. However, with little flexibility in the traditional Medicaid program, this goal is becoming increasingly difficult to meet.

Opportunities and Pressure Points Department of Prevention, Assistance, Transition, and Health Access

Pressure Points

Federal welfare reform reauthorization

The Personal Responsibility and Work Opportunity Reconciliation Act expired on September 30, 2003. Welfare programs are now operating under a continuation that will expire on March 31, 2004. It is very likely that a bill will be passed before the end of SFY '04, and that once again, federal changes will require Vermont to make significant changes to its program. Although the House and Senate versions of reauthorization differ, the passage of either, or a combination of the two, would require that Vermont:

- Increase its overall work participation rate,
- Increase the number of hours participants are placed in activities,
- Move participants into work activities sooner,
- Provide services designed to remove barriers to employment for shorter, more intensive time periods, or as complements to work activities

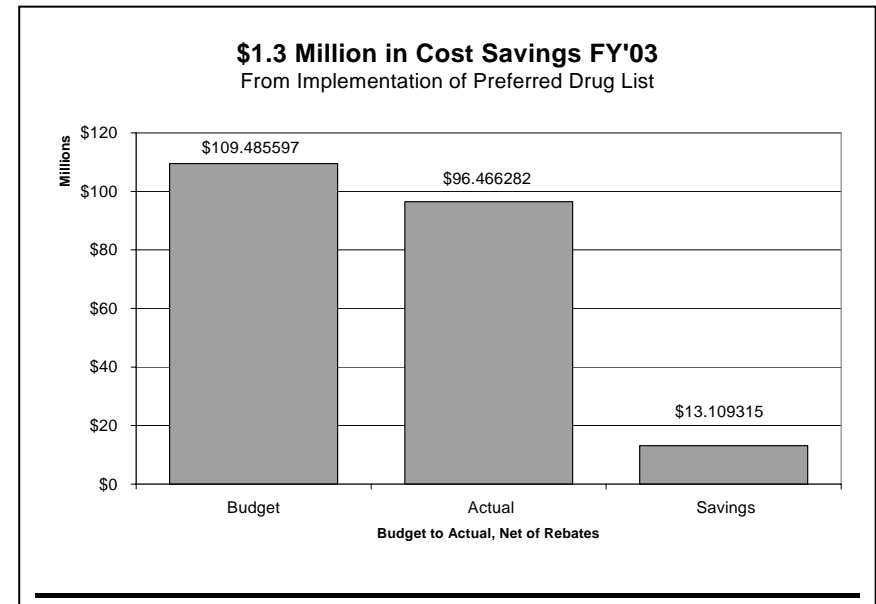
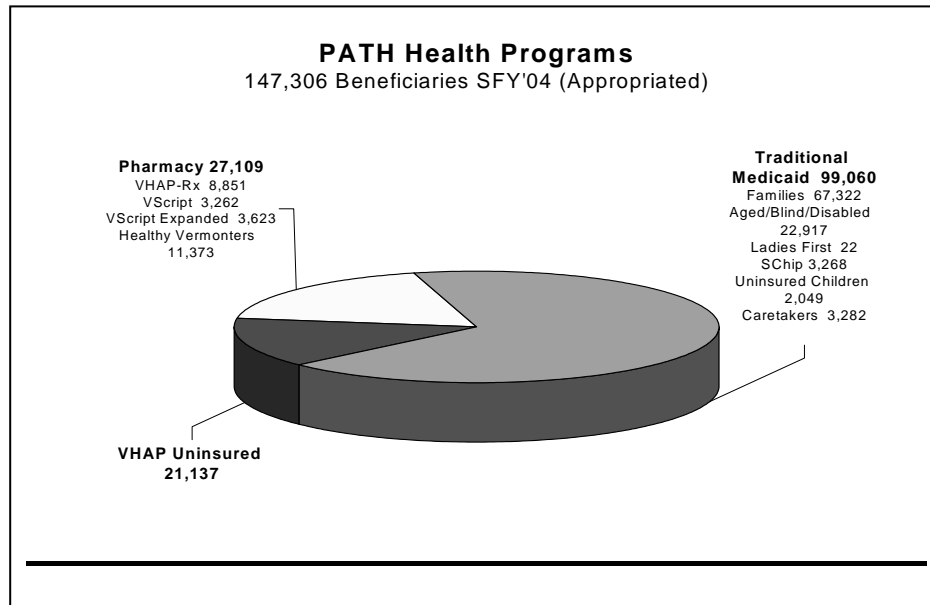
The program and resource implications of these changes are significant. PATH's continued efforts to evaluate, modify, and re-allocate current resources would not be enough to meet the challenges of reauthorization. New resources will need to be found to develop job and work placements across the state, fund additional childcare needs, and provide more timely, appropriate, and intensive barrier removal services.

Technology helps us provide better service to customers, providers, and the public

- Over the next several years, three of the Department's major technology systems essential to basic service and information management will need to be upgraded or re-bid.
- PATH expects to establish a new contract with Electronic Data Systems (EDS) in early 2004 for the Medicaid Management Information System (MMIS). New MMIS components are under development by National Systems Research and Policy Studies Inc. to perform tense functions such as the tracking of health indicators by population, and enhancing prior authorization.
- The Electronic Benefit Transfer (EBT) system enables participants to access benefits with a debit-like card. A new 7-year contract could cost approximately \$50,000 more each year.
- The Department's eligibility system (ACCESS) is 20 years old, cumbersome, and written in a programming language that is becoming obsolete. The commissioner has requested an internal review of the options available to expedite an upgrade or replacement, concentrating on support of services and considering the pending AHS reorganization.

The federal Health Insurance Portability and Accountability Act (HIPAA) imposes mandates on how health care information is stored, used, and transmitted. System changes will be needed to achieve compliance. Major progress occurred during 2003, but more steps are required to become fully compliant.

Accomplishments



More than one in five Vermonters is covered by a PATH Health Program

\$13.1 million saved through Pharmacy Initiatives

Over the past five years, the health care programs have expanded with higher income eligibility limits and new programs. Eligibility for new PATH programs is based on the federal poverty levels and is tiered according to the program.

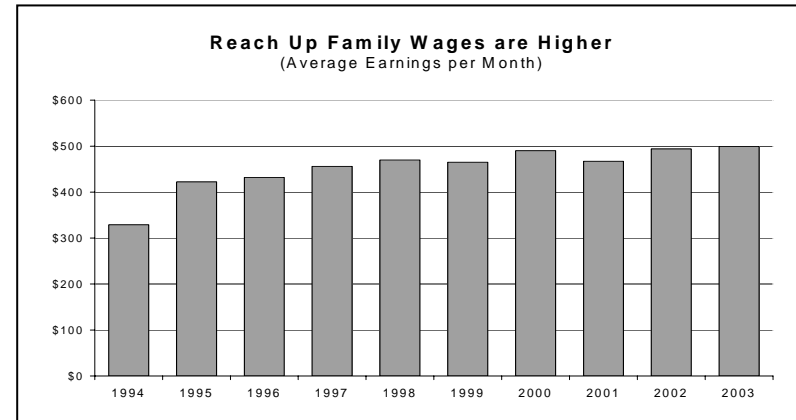
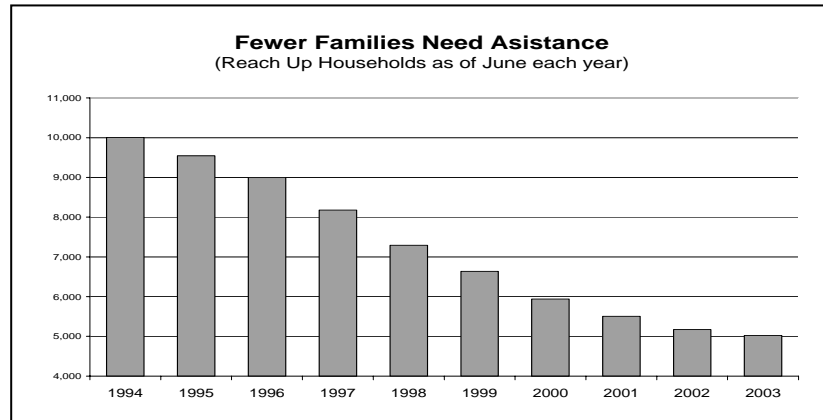
Program	% Poverty Level	Monthly income for 1
VHAP for uninsured and VHAP-Pharmacy	150%	\$1,123
VScript (pharmacy)	175%	\$1,310
VHAP for uninsured parents & caretakers; Transitional Medicaid for families leaving welfare	185%	\$1,385
Dr. Dynasaur for pregnant women	200%	\$1,497

Program	% Poverty Level	Monthly income for 1
VScript Expanded (pharmacy)	225%	\$1,684
Working people with disabilities	250%	\$1,871
Dr. Dynasaur for children under 18 -and- Healthy Vermonters (pharmacy – any age)	300%	\$2,245
Healthy Vermonters (pharmacy – aged / disabled)	400%	\$2,994

PATH works to address access to dental care through a relationship with the Good Neighbor Health Clinic in White River Junction, and by providing financial support for rural health clinics and Federally Qualified Health Centers to offer dental services.

Accomplishments *Department of Prevention, Assistance, Transition, and Health Access*

Families have successfully moved from welfare to work



PATH has a long, rich history of working with community-based organizations to provide services to welfare recipients, which proves invaluable as we stretch to meet the challenges that new federal legislation will provide. The Department's on-going relationships with Employment and Training, Vocational Rehabilitation, and Vermont Adult Learning will be pivotal.

PATH earned \$1.2 million in performance bonuses in FY '04 for family formation and stability, and the use of childcare subsidy and food stamp programs by working families.

In spite of a slow economy, PATH and contracted case managers have proven themselves effective at helping Reach Up participants gain employment and close or not open grants. This effectiveness has resulted in a stable caseload and has maintained our caseload reduction credit. This credit has made it possible for Vermont to meet its federal work participation rate since 2001.

Stretching the heating dollar

About 17,817 Vermont families that receive fuel assistance have increased their purchasing power by participating in pre-season agreements negotiated with oil, propane and kerosene suppliers.

New Rules, Rule Improvements, and Rules-On-Line

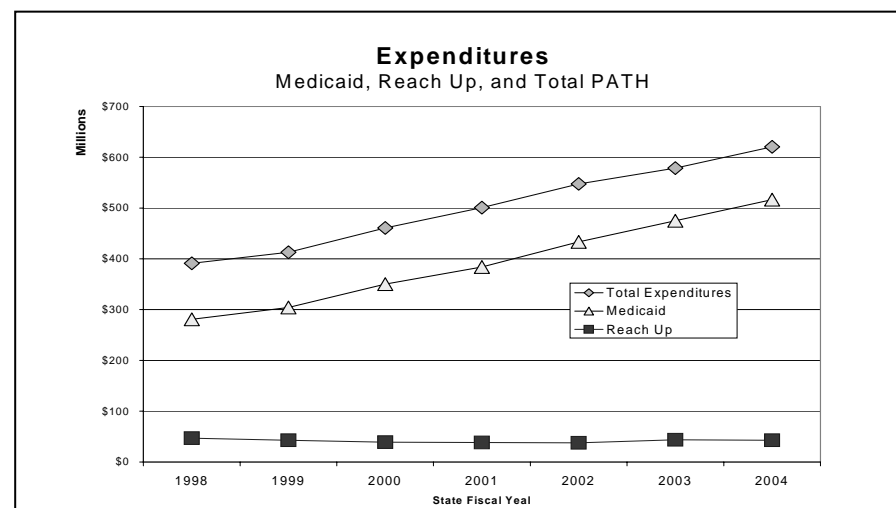
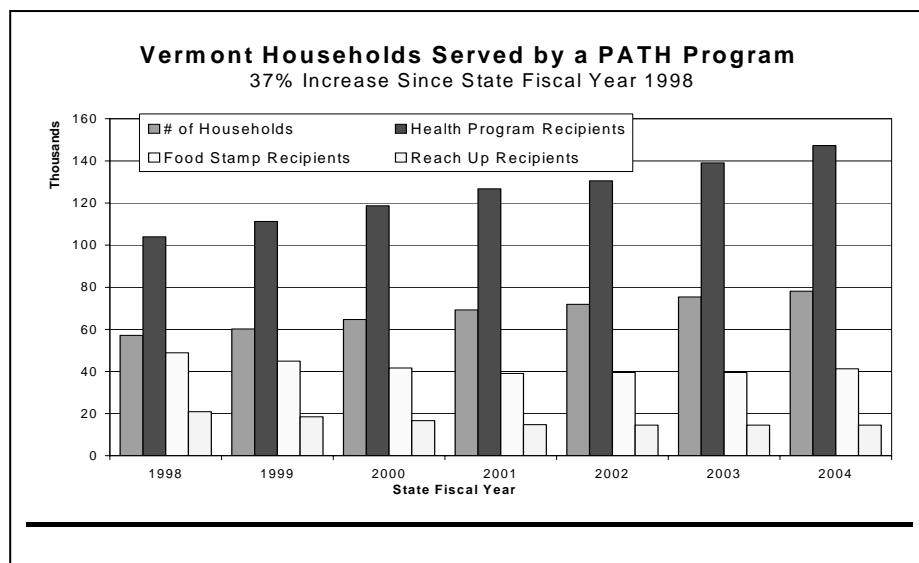
New rules have been completed in the areas of SSI-related Medicaid, and General Assistance/Emergency Assistance. Both of these rule projects incorporated diverse interpretive memoranda, updated language, deleted obsolete provisions, clarified and reformatted text, and included any and all changes in law to date.

Consistent with the above projects, PATH's Planning and Evaluation Division (PED) is also embarking on other major rule projects including the development of a fully searchable on-line rules system and a simplification and enhancement of the Food Stamp rules.

Caseload and Cost Data

PATH helps Vermont's most vulnerable people. We serve more than 75,000 families – about 150,000 people – at any given time. More than one in five Vermonters will receive one or more benefits from PATH this year. We serve individuals and families, the young and the old, the able and the disabled, those with no money and others with limited income.

Historical Data SFY 1998-2003 and projected SFY 2004



PATH is here to help Vermonters find a path to a better life.

The Department helps Vermonters stay healthy. Our health insurance programs and services include Medicaid, Dr. Dynasaur, Vermont Health Access Plan (VHAP) for the uninsured, and pharmacy benefits -VHAP Pharmacy, VScript, VScript Expanded and the relatively new Healthy Vermonters plan. The Department also:

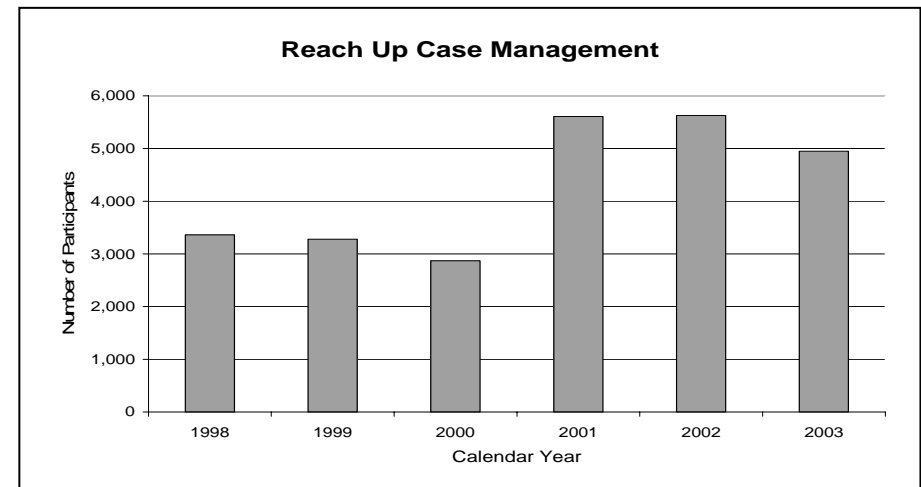
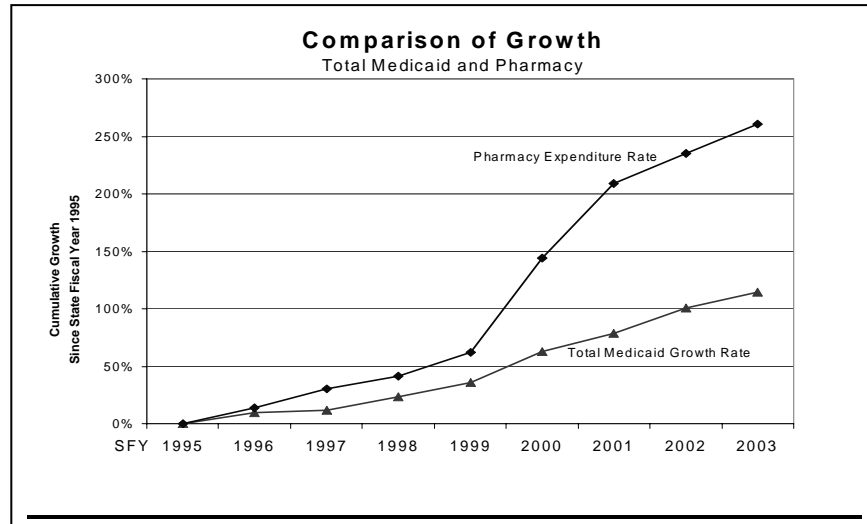
- helps put food on the table and improve nutrition. Food stamp benefits average \$155 per family each month.
- helps families go to work. Reach Up's financial assistance, support services, and intensive case management help families on welfare receive the skills and incentives they need to find meaningful work and get off welfare.
- keeps Vermonters warm. 17,817 families receive fuel assistance during the winter.

Caseload and Cost Data Department of Prevention, Assistance, Transition, and Health Access

And this year Path also:

- provided extra cash for basic needs to 12,850 very low-income individuals who are aged, blind, or disabled, as a supplement to the federal Supplemental Security Income benefit (SSI).
- helped 200 aged, blind, or disabled people stay in their homes by meeting expenses for live-in attendant care.
- provided emergency assistance to approximately 2,300 individuals and families each month who have little or no income, or have a life crisis and need help with housing, prescription drugs, burial, and other basic needs through the general assistance program.
- continues to help Vermonters sign up for the monthly telephone lifeline credit program.

Evolving Trends



The Governor, Legislature, Agency of Human Services, and PATH's Office of Vermont Health Access (OVHA) have focused on reducing the dramatic increases in pharmacy expenditures, which have more than doubled during the past five years.

Welfare reform in 2001 changed the Reach Up program. With few exceptions, all parents are now required to work with a case manager to develop a family development plan and participate in activities that will lead to employment and transition from welfare. As expected, the need for case management has begun to level off.



Department of Social and Rehabilitation Services

"Developing and maintaining a unified system of primary prevention and early intervention services is the wisest investment of our resources and is the strategy that offers the greatest sustained support to Vermont's children and families."

James Morse, Commissioner

Number of Positions: 403

Funding: \$116,321,818

The Department of Social and Rehabilitation Services promotes the social, emotional and physical well-being and safety of children. It assures a statewide system of quality child care and provides accurate and timely disability claims determinations for children and adults.

Year	FY '01	FY '02	FY '03	FY '04	FY '05
General Fund	31,743,548	\$22,041,200	34,196,619	41,302,066	45,515,649
Federal/Other	63,023,540	81,944,124	0,048,248	71,037,345	76,806,169
Total	94,767,088	103,985,324	104,244,867	112,339,411	116,321,818



Opportunities and Pressure Points Department of Social and Rehabilitation Services

SRS is actively engaged in the AHS reorganization and is utilizing this process to assess the overall direction the Department needs to take in order to meet its mission. SRS will be moving in the direction of assuring a stronger emphasis on primary prevention and early intervention, while maintaining services to children and families who are at risk or in crisis. To do this, the Department is aligning the work of its three divisions to focus on child and family well-being.

Opportunities

New initiatives are improving the accessibility, affordability and quality of childcare.

- Accreditation is growing. An estimated one in five licensed programs and one in fifteen registered programs are currently seeking national accreditation. This is in addition to the 15% of licensed programs and 5% of registered programs currently accredited.
- Further quality improvement in childcare is being stimulated by the Star Track Program, which is Vermont's new graduated system of childcare quality recognition. This program is currently working with over 100 programs across the state in its testing phase.
- Coordination and integration of Vermont's system of professional development is emerging through the Northern Lights program/initiative. Innovative approaches and partnerships with labor and industry, technical centers, higher education, and the community will result in a high standard of instruction and support for professional development.
- A unified childcare data system is under development. This system will have the capacity to measure outcomes related to all children and programs in the regulated child care system.
- Under the guidance of the Governor's Children's Cabinet and its Access to Early Care, Education and Prevention Sub-committee, a bold and innovative strategic plan will be proposed to integrate Vermont's early childhood system.

New opportunities are emerging for collaboration with the Social Security Administration (SSA) to advance the economic well-being and stability of Vermont children and families.

- Resource limitations create a greater need for Disability Determination Services (DDS) to actively pursue resources through proactive communication with SSA and through performance-linked, cost effective use of all funds.
- SSA has accelerated its schedule for moving to fully electronic claims folders and business processes, with full implementation expected by March of 2005.
- As SSA continues to respond to public pressure to improve the disability benefits process, DDS has the opportunity and responsibility to provide input, ideas, field experience and perspective through proactive communication and partnership with SSA, national DDS organizations and other related agencies, for the improvement of public service, quality and cost-effective use of resources.

Collaborative work with public and private partners offers new opportunities for dealing with chronic and complex issues, which continue to compromise the well being of our youth.

- The work of SRS on the Juvenile Justice Commission is leading to a multifaceted plan for addressing the complex challenges facing Vermont's youth, including the need for increased psychiatric care and secure facilities for some youth.
- The Adoption Task force has formulated proposals to continue the work necessary to ensure eligible children are placed in adoptive homes as quickly as possible. One aspect of the plan is to have adoption finalizations be done by contracted, community-based agencies.

Opportunities and Pressure Points Department of Social and Rehabilitation Services

- Many of the challenges impacting the ability to recruit and retain adequate numbers of caregivers are common to foster care and childcare. A cross-divisional task group that includes community providers has been formed.
- Utilizing our resources holistically to address reimbursement rates, health insurance, peer-to-peer support and opportunities for continuous learning will be the focus of this workgroup.

Pressures

Child Care Services:

Uniform Access to Quality Child Care

- The Division's January 2003 market study indicates that the growing demand for childcare continues to exceed the existing supply of regulated care.
- Regulated childcare programs are unevenly distributed across Vermont's fourteen counties.
- Only one-third of licensed centers offer care for children under 2 years and school age children.
- Less than 15% of regulated programs offer care during non-standard hours, despite the growing number of parents with non-standard work schedules.
- 67% of the regulated providers indicate they are full most of the time and keep waiting lists.

Costs for Child Care Exceed Fees Received

- The cost of running a quality childcare program can be high, and parents are generally unable to afford these costs in full.
- The average tuition cost for center-based care for infants in Vermont is \$143.20 a week, and \$126.86 a week for preschoolers. This means a family with an infant and preschooler in licensed care would pay \$270.06 a week for childcare, and \$14,043.00 annually.
- Substantial costs of care are being borne by childcare providers. They routinely contribute time and services and absorb operating costs including maintenance, supplies and repairs. Subsidy rates are moving farther away from market rates, especially for children under three.

Recruitment and retention of qualified child care providers

- A critical component of high-quality childcare is a consistency of care and a well-educated workforce with specific training in child development.
- 83% of licensed childcare centers have had to hire new staff and have had difficulty doing so.
- A lack of qualified candidates, compounded by non-competitive salaries and limited benefits, are the prime reasons for an inadequate workforce, resulting in an unstable childcare industry.
- Only 22% of full-time employees at licensed centers are provided fully paid medical insurance.
- The number of registered family care home providers with any form of health insurance declined to 80% in 2002 from 87% in 2000. Those with VHAP insurance dropped to 22% in 2002 from 63% in 2000.

Disability Determination Services:

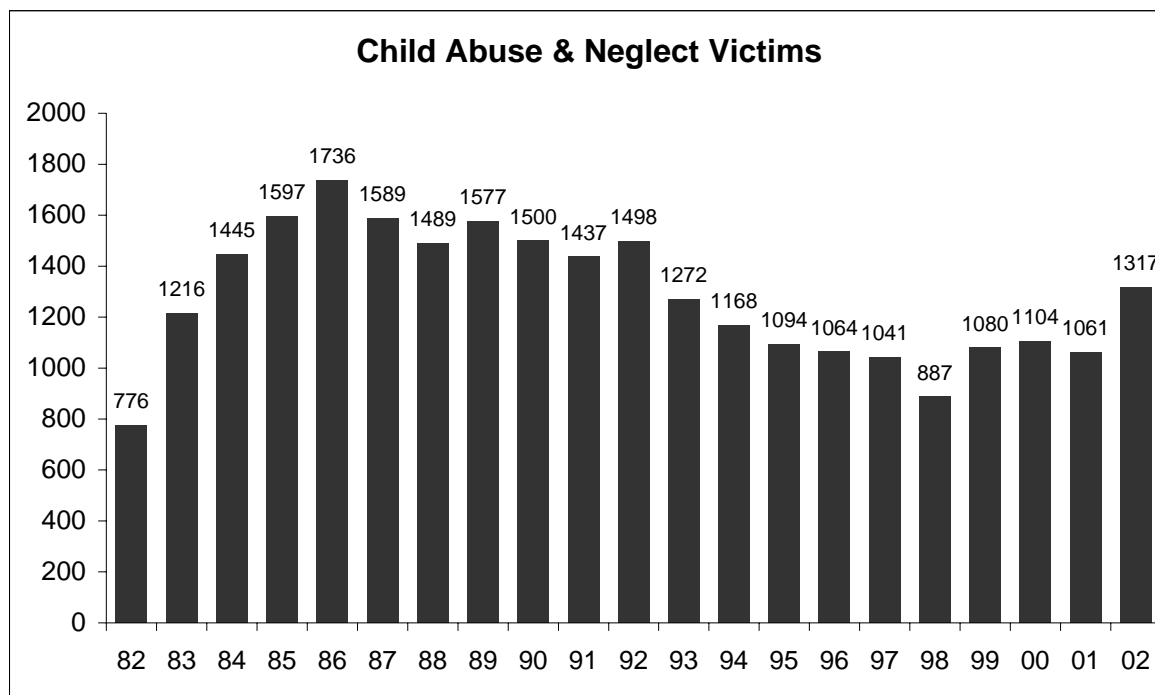
- Actuaries predict continued increases in claims filed (as "baby – boomers" enter the most disability-prone years).
- Attracting and retaining a high performing and diverse workforce will be a challenge in a competitive job market as the experienced staff begins to retire in greater numbers.

- The DDS will need to transition to the electronic claims folders and business processes while maintaining public service, quality and production in day-to-day work.

Social Services:

- Children and youth committed to the care and custody of the state are increasingly in need of significant and on-going mental health supports.
- The custody population continues to become older - nearly 50% are 12 and older. This requires adjustments to our current systems for placement and treatment.
- Increases in substance abuse and domestic violence issues are negatively impacting children/youth and families.
- IV-E eligibility and receipts continue to decline.
- Social work practice and the on-going professional development of staff will need to be connected directly to assuring defined outcomes for children and families.

Assuring adequate numbers of resource families who have the necessary skills to nurture children with complex behaviors and needs will continue to be a challenge.

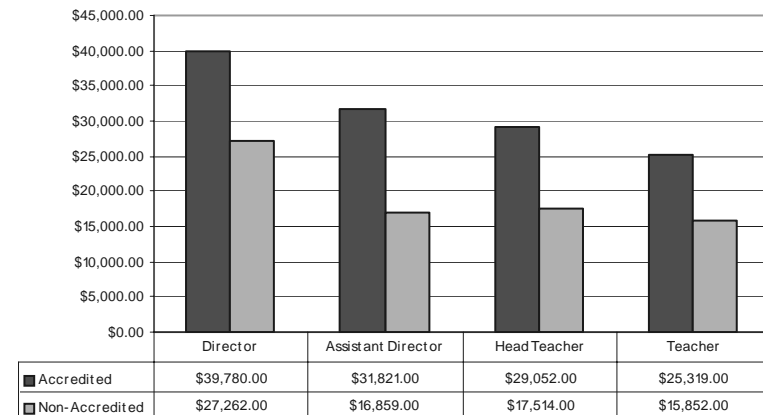


Accomplishments Department of Social and Rehabilitation Services

Child Care Services:

- There are more accredited childcare centers and family childcare homes than ever before. Vermont is a national leader in assisting programs to become accredited.
- A record number of children now have access to the childcare subsidy program. Vermont continues to be one of only a few states that does not maintain a waiting list for this benefit.
- Capacity for care has increased. Infant care grew by 400 placements and school age care capacity rose by 1,100 placements.
- Therapeutic childcare programs exist in four Agency of Human Services regions, and enhanced mental health consultation services are available to childcare providers statewide.
- The Building Bright Futures facilities fund, including the sale of specialized license plates, was implemented. Funds are available to assist with the establishment and enhancement of childcare and youth services programs.

Salaries at Accredited and Non-Accredited Centers



Disability Determination Services:

- During federal FY 2003, the DDS was ranked 4th for accuracy nationwide, while processing 20% more cases and improving overall productivity by 27% from the previous year.
- Case processing time also improved by 13 days and is currently 10 days faster than the national average.

	Total Claims Completed	Average Processing Time	Initial Claims Accuracy	Total Federal Funds	Indirect Funds
Fed. FY '03	7,184	72 days (4 th qtr)	96.9%	\$2,958,452	\$163,672
Fed. FY '02	5,992	85 days	97.5%	\$2,897,637	\$175,193

The Vermont DDS also excels in early and accurate prediction of eventual allowance decisions. From these predictions the DDS may expedite benefits to SSI applicants before the final decision. For FY '03, the DDS provided early benefits to 80% of eligible SSI applicants, reversing only 3.9% at final decision.

Social Services:

- The division implemented a new set of Structured Decision Making tools to improve the quality and consistency of practice in child abuse and neglect investigations.
- The division designed and implemented a quality assurance system that includes district reviews that engage staff, community stakeholders and clients in assessing the quality of practice and collaboration.
- Finalized 138 adoptions in 2002, the most ever in a calendar year.

Caseload and Cost Data *Department of Social and Rehabilitation Services*

Child Care Services:

- The regulated childcare system annually serves approximately 38,000 children, ages birth to 13 years old.
- The childcare subsidy program serves 7,852 families--12,508 children FY 03, a 6% increase from the previous year. Fifteen percent (1,916) of these children were at risk of abuse or neglect.
- The Child Care Division regulates 2,845 programs that employ over 5,000 people as part of the child care industry.
- About one-third of Vermont's children in regulated programs are receiving care for eight to nine hours a day.
- Over 5,600 Vermont families received consumer education and referral services from local child care Resource and Referral agencies supported by the Child Care Services Division.

Child Care Subsidy Program

<u>Fiscal Year</u>	2000	2001	2002	2003	2004
<u>Subsidy Population</u>	4,477	4,805	4,979	5,002	5,366
\$\$\$	\$21,369,909	\$21,782,248	\$24,921,294	\$24,921,294	\$26,500,345

Disability Determination Services:

- The DDS serves all Vermonters by making prompt and program-correct decisions of medical eligibility for disability benefits, enabling eligible applicants to receive benefits promptly for as long as they are eligible and ensuring the lawful use of public funds. These funds are not only the SSA trust funds but are also related state funds for the State SSI Supplement and Medicaid.

<u>Fiscal Year</u>	2000	2001	2002	2003	2004
<u>Eligible Population</u>	7,991	6,671	6,027	6,475	7,184
\$\$\$	\$726,645	\$2,681,607	\$2,754,513	\$3,225,031	\$3,029,481

Social Services:

On any given day, about 1,250 children and youth are living in "out of home care" provided by the Division of Social Services – as of September 30, 2003:

- 893 in foster care
- 155 in residential programs
- 32 in out of state residential programs
- 21 in independent living programs
- 132 with relatives (kinship care)
- 24 placed at Woodside (includes short term detention and long term treatment)

Caseload and Cost Data Department of Social and Rehabilitation Services

During 2002, 1,317 children were abused and neglected – the most since 1992:

- 274 were physically abused
- 112 were neglected
- 508 were sexually abused
- 531 were at risk of serious harm

On an average daily basis in 2002, 1,081 adolescents were being served as a result of juvenile delinquency or unmanageability:

- 355 in custody; 284 in custody due to unmanageability
- 441 on probation

Basic care and support

- 1,250 living in out of home care
- 1,200 living in permanent adoptive homes with continued financial support from social services
- 533 victims of child abuse and neglect are receiving protective services child care services
- 485 children at risk of abuse and neglect are receiving family support child care services

Intervention and treatment

- 596 families receiving Intensive Family Based Services
- 188 families receiving Parent Education Services
- 125 youth receiving Sex Offender Treatment Services
- 150 children & family members receiving Sexual Abuse Victim Services
- 825 youth receiving Transitional Services
- Over 200 youth receiving specialized Juvenile Justice Programming – Street Checkers, restorative panels, restitution programs, victim awareness classes, and competency classes.

Substitute Care

<u>Fiscal Year</u>	2000	2001	2002	2003	2004
<u>Population</u>	1,264	1,225	1,239	1,240	1,293
\$\$\$	\$27,980,103	\$29,494,729	\$31,900,661	\$30,170,186	\$33,024,639